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Note by the Secretary-General

The Secretary-General hereby transmits a report prepared by the Director-General of the World Health Organization on partnerships for global health, pursuant to General Assembly resolution 68/98.

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Report of the Director-General of the World Health Organization on partnerships for global health

Summary

The General Assembly, in its resolution 68/98, called for enhanced partnerships to improve health for all, considering health in a holistic manner, with a multisectoral approach guided by the principles of national ownership, focus on results and effectiveness, transparency, shared responsibility, mutual accountability, inclusiveness and sustainability.

During the past two decades, considerable changes have taken place in the global health architecture. The present report focuses on partnerships in global public health that are helping to advance the collectively agreed health priorities aimed at obtaining better health outcomes and to ensure universal health coverage. This global health agenda is shaped primarily by the Twelfth General Programme of Work of the World Health Organization (WHO), adopted by the World Health Assembly, especially the six leadership priorities contained within it and agreed upon by all WHO Member States, as well as by the health-related goals, targets and indicators being discussed as part of the post-2015 sustainable development goals compact.

Future partnerships efforts in the health arena should be aligned with these main strategic thrusts of global health action and should identify effective means to contribute to their advancement. Well-coordinated multi-stakeholder partnerships can play a fundamental role through the support they can lend to the attainment of collectively agreed public health priorities that contribute to better health outcomes. They should constitute platforms to advance the global, regional and country health agendas, add value and have a clear purpose and scope.

However, the coordination of these streams, in connection with the global health agenda, poses significant challenges for global health governance.

I. Introduction

1. The General Assembly, in its resolution 68/98, reiterated that health is an important, cross-cutting policy issue on the international agenda, as it is a precondition for and an outcome and indicator of all three dimensions of sustainable development. The Assembly also recognized that global health challenges require concerted and sustained efforts, and that partnerships with a broad range of actors — including national Governments, local authorities, international institutions, business, civil society organizations, foundations, philanthropists, social impact investors, scientists, academics and individuals — play an important role in development.

2. In the same resolution, the General Assembly also encouraged Member States to strengthen and improve the quality of health systems. In addition, it called for the promotion of partnerships to support Member States in accelerating the transition towards universal health coverage and the achievement of the Millennium Development Goals. In particular, it drew attention to the commitments made in the initiative of the Secretary-General: to save 4.6 million children and mothers; to tackle non-communicable diseases; to enhance access to medicines and vaccines; and to act on economic, social and environmental determinants.

3. The General Assembly also requested the Secretary-General, in close collaboration with the Director-General of the World Health Organization (WHO), to submit to the Assembly, at its sixty-ninth session, a report on partnerships for global health that assesses and addresses global health governance and the interlinkages between health and all determinants, including social, economic and environmental determinants, and presents recommendations for action to be taken by relevant stakeholders to achieve improved global health governance, taking into account, in particular, human rights, good governance, mutual respect, equity, sustainability, solidarity, shared responsibilities of the international community and a people-centred approach.

4. The present report briefly addresses the protection of health workers as a way to promote public health and strengthen health systems. This is to support discussions on the forthcoming General Assembly resolution on global health and foreign policy.

II. Current role of partnerships in global public health

5. Forging new global partnerships is one of the five significant transformative shifts necessary to drive the post-2015 agenda as a universal framework for future development, according to the report entitled "A new global partnership: eradicate poverty and transform economies through sustainable development", prepared by the Secretary-General's High-level Panel of Eminent Persons on the Post-2015 Development Agenda.

6. Partnerships encompass a broad range of actors, including national Governments, local authorities, international institutions, business, civil society organizations, foundations, philanthropists and social impact investors, scientists and academics, and individuals. The principles on which these partnerships should be based include national ownership, focus on results and effectiveness, transparency,

shared responsibility, mutual accountability, inclusiveness and sustainability. Partnerships may have an expression at the global, regional or country level.

7. Partnerships may adopt different organizational modalities: from functional coordination mechanisms, to effective coalitions with multiple stakeholders, to new structural entities with their own governance and membership. Partnering does not necessary imply the need for a separate structure. To the contrary, informal collaborative alliances have proved to be useful in many cases. However, in some situations a more structural arrangement is required for better coordination. Creating an effective platform to foster the collaboration of the relevant partners is most important. Platforms for policy dialogue are sometimes extremely useful; at other times, the collaboration may require joint planning or joint operations.

8. The objective of relevant and meaningful partnerships in global public health should be to support Member States efforts in the following areas:

- To attain better health outcomes
- To develop sustainable and comprehensive health systems, promoting equity, fostering innovation to meet current and future health needs, and promoting health through the course of life
- To accelerate the transition towards universal health coverage, including access to quality preventive and curative health services, medicines, the promotion of primary health care, and avoiding financial hardship, with a special emphasis on the poor, vulnerable and marginalized
- To adopt a health-in-all-policies approach, acting on economic, social and environmental determinants in the final push towards the achievement of the Millennium Development Goals as well as paving the way towards the post-2015 development agenda
- To support research and development with respect to pharmaceuticals, diagnostics, vaccines, medical services, medical devices and other health-related technology and innovation
- To promote capacity-building in the national regulation of pharmaceuticals and commodities, quality control and supply chain management, and national and regional production
- To foster North-South, South-South and triangular cooperation, including the transfer of technologies
- To prepare for and respond to emergencies and disasters and minimize their impact on public health.

9. Multi-stakeholder partnerships have made significant contributions to the global health agenda by advancing global health priorities, maximizing outreach and advocacy, and informing policymaking. Shared public health objectives can be better met by acting in partnership than by acting alone. Partnerships have been particularly successful in raising the profile of certain critical public health issues on policy agendas through their communication efforts. Partnerships have strengthened advocacy efforts by harnessing the contribution of a diverse range of stakeholders and focusing attention on specific issues central to the mandate of the partnership. They have also provided broader platforms that facilitate the participation and engagement of a variety of stakeholders, including Governments, intergovernmental

organizations, non-governmental organizations, civil society and the private sector. Furthermore, they have successfully mobilized funding commitments to public health initiatives and have galvanized indirect forms of support for WHO programmes. Partnerships that have financing and procurement of medicines and diagnostics as their main areas of focus have been very effective in increasing access to such products for the communities that need them. Through public-private initiatives, health partnerships have been a catalyst for product innovation and have promoted accountability for resources and results. Partnerships have also played a critical role in the management of health information and knowledge-brokering. In this regard, they have generated opportunities that have contributed to the success of many initiatives set out in the WHO Twelfth General Programme of Work, as well as in the resolutions of the United Nations General Assembly.

10. WHO has the responsibility, defined in its Constitution, of being the "directing and coordinating authority on international health work". WHO manages a network of over 800 collaborating centres, participates in numerous multi-stakeholder and multisectoral health partnerships, and itself hosts seven partnerships, as well as hosting official relations with almost 200 non-governmental organizations (NGOs) and working relations with many more. As part of the WHO reform, the importance of strengthening partnerships and widening the engagement of multiple stakeholders has been recognized, and discussions among member States on principles and practical rules for engagement with these new actors are under way.

11. The policy on WHO engagement with global health partnerships and hosting arrangements, endorsed in 2010 by the Sixty-third World Health Assembly (see resolution WHA63.10, annex), emphasizes the importance of ensuring that the overall mandate of a WHO-hosted partnership is consistent with the constitutional mandate and principles of WHO. Moreover, the policy states that the activities of the partnership should be in alignment and be synergistic with the WHO technical norms and policies.

12. The above-mentioned partnerships policy listed 10 criteria for assessing WHO engagement in future partnerships and guiding its relationship with existing ones: (a) the partnership should demonstrate clear added value for public health; (b) the partnership should have a clear goal that concerns a priority area of work for WHO; (c) the partnership should be guided by the technical norms and standards established by WHO; (d) the partnership should support national development objectives; (e) the partnership should ensure appropriate and adequate participation of stakeholders; (f) the roles of partners should be clear; (g) the transaction costs related to a partnership must be evaluated, along with the potential benefits and risks; (h) the pursuit of the public health goal should take precedence over the special interests of the participants in the partnership; (i) the structure of the partnership should correspond to the proposed functions; and (j) the partnership should have an independent external evaluation and/or self-monitoring mechanism.

III. Addressing major health challenges through partnerships

13. The global health agenda is shaped primarily by the Twelfth General Programme of Work of WHO, adopted by the World Health Assembly, in particular the six leadership priorities set out in it and agreed upon by all WHO member

States, as well as by the health-related goals, targets and indicators being discussed as part of the post-2015 sustainable development goals compact.

A. Six leadership priorities identified in the WHO Twelfth General Programme of Work

14. The WHO Twelfth General Programme of Work provides a six-year high-level strategic vision for the work of WHO. It analyses the changing political, economic and institutional context in which WHO is working, outlines how these changes have an impact on people's health and countries' health systems, examines the implications of this analysis for the work of WHO, and shows the link between changing context and the programmatic, governance and management elements of WHO reform.

15. The Twelfth General Programme of Work sets out leadership priorities that define the key areas in which WHO seeks to exert its influence in the world of global health. These leadership priorities reflect the programmatic and priority-setting components of WHO reform.

16. In early 2012, WHO member States agreed upon the following criteria to be used in setting priorities for the period to be covered by the Twelfth General Programme of Work:

- The current health situation, including demographic and epidemiological trends and changes, and urgent, emerging and neglected health issues, taking into account the burden of disease at the global, regional and country levels
- Needs of individual countries for WHO support as articulated, where available through the country cooperation strategy, as well as national health and development plans
- Internationally agreed instruments that involve or have an impact on health, such as declarations and agreements, as well as resolutions, decisions and other documents adopted by the WHO governing bodies at the global and regional levels
- The existence of evidence-based, cost-effective interventions and the potential for using knowledge, science and technology to improve health
- The comparative advantages of WHO, including:
  - The capacity to develop evidence in response to current and emerging issues
  - The ability to contribute to capacity building
  - The capacity to respond to changing needs on the basis of an ongoing assessment of performance
  - The potential to work with other sectors, organizations and stakeholders to have a significant impact on health.

17. These priority-setting criteria were used to arrive at the six leadership priorities outlined below. They link to the Organization's role in health governance, highlighting areas in which WHO advocacy and technical leadership in the global health arena are most needed. These are the areas in which WHO will seek to shape

the global debate, to secure country involvement, and to drive the way the Organization works.

18. The six leadership priorities are the following:

- **Advancing universal health coverage:** enabling countries to sustain or expand access to essential health services and financial protection, and promoting universal health coverage as a unifying concept in global health
- **Health-related Millennium Development Goals:** addressing unfinished and future challenges: accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of polio and selected neglected tropical diseases
- **Addressing the challenge of non-communicable diseases** and mental health, violence and injuries and disabilities
- **Implementing the provisions of the International Health Regulations (2005):** ensuring that all countries can meet the capacity requirements specified in the Regulations
- **Increasing access to essential, high-quality and affordable medical products** (medicines, vaccines, diagnostics and other health technologies)
- **Addressing the social, economic and environmental determinants of health** as a means to promote better health outcomes and reduce health inequities within and between countries.

B. Health goals and targets being considered in the post-2015 development agenda discussions

19. The Open Working Group of the General Assembly, charged with the task of developing global sustainable development goals, has proposed a health goal entitled "Ensure healthy lives and promote well-being for all at all ages". Several subtargets are listed as part of this goal:

- By 2030, reduce the global maternal mortality ratio to fewer than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under the age of 5 years
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol
- By 2020, reduce by half global deaths and injuries from road traffic accidents

- By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and integrate reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen implementation of the Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and medicines for communicable and non-communicable diseases that affect primarily developing countries; provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and Public Health, adopted at the Ministerial Conference of the World Trade Organization (WTO) in 2001, in which the WTO Members affirmed the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health; and, in particular, provide access to medicines for all
- Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, particularly the developing countries, for early warning, risk reduction and management of national and global health risks.

20. Several other proposed goals also contain targets related to health. These include, among others:

- The elimination of violence against women and children
- Universal access to sexual and reproductive health and reproductive rights
- Universal and equitable access to safe and affordable drinking water
- Access to adequate and equitable sanitation and hygiene for all and an end to open defecation
- Enhanced international cooperation to facilitate access to clean energy research and technologies, including renewable energy, energy efficiency and advanced and cleaner fossil fuel technologies; and investment in energy infrastructure and clean energy technologies
- Access to safe, affordable, accessible and sustainable transport systems for all, and improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

- Universal access to safe, inclusive and accessible green and public spaces, particularly for women and children, older persons and persons with disabilities
- Significant reduction in the number of deaths and the number of affected people, and a reduction of y per cent of economic losses relative to gross domestic product, caused by disasters
- Environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significant reduction in their release to air, water and soil to minimize their adverse impacts on human health and the environment
- End abuse, exploitation, trafficking and all forms of violence and torture against children
- Legal identity for all, including birth registration
- Nationally appropriate social protection systems and measures for all, including floors, and substantial coverage of the poor and the vulnerable
- End all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

21. These goals and specific targets will be the fundamental framework of collectively agreed priorities in health that will be part of the universal post-2015 sustainable development goals compact. The new imperatives of the post-2015 agenda will require a move from an approach centred on support for developing countries to one that is universal in nature, wherein collective action is pertinent to the spectrum of needs of all Member States. Partnerships will play a major role in this if they are aligned and organized with these collectively agreed priorities.

IV. Best practices in connection with partnerships around the six leadership priorities of the WHO Twelfth General Programme of Work and the post-2015 health-related goals and targets

22. Some of the examples of best practices, whether through partnerships, initiatives, coalitions or high-level political commitments, are set out below:

(a) Advancing universal health coverage

23. **International Health Partnership.** The Partnership is committed to improving the health of citizens in developing countries and achieving results by mobilizing national Governments, development agencies, civil society and others to support a single, country-led national health strategy. Partners work together to put into practice international principles for development cooperation in the health sector. The Partnership is open to all Governments, development agencies and civil society organizations involved in improving health that are willing to adhere to the commitments set out in the International Health Partnership Global Compact for achieving the health-related Millennium Development Goals.

24. **Social Health Protection Network.** Around 100 million people are pushed into poverty each year while paying for health care out of pocket during times of need. The Network seeks to respond to this global challenge. The main thrust of the Network's efforts is coherent. enhanced support for the creation and extension of sustainable health and social protection systems for universal health coverage and social health protection, based on values of universality and equity. Members of the Network include WHO, the World Bank, the International Labour Organization (ILO), the African Development Bank, France, Germany, the United States Agency for International Development (USAID), Switzerland, Spain and others.

25. **European Union-Luxembourg-WHO Universal Health Coverage Partnership.** This collaborative agreement among the European Union, Luxembourg and WHO aims to build country capacities for the development, negotiation, implementation, monitoring and evaluation of robust and comprehensive national health policies, strategies and plans, with a view to promoting universal health coverage, people-centred primary care, and health in all policies. The current programme covers the period 2012-2015 and focuses on strengthening country processes, as well as, where appropriate, aid effectiveness in line with the principles of the International Health Partnership. By building synergies, the overall objective is to improve health sector results in concerned countries, including Burkina Faso, Cabo Verde, Chad, the Democratic Republic of the Congo, Guinea, Liberia, Mali, Mozambique, the Niger, the Republic of Moldova, Senegal, Sierra Leone, South Sudan, the Sudan, Timor-Leste, Togo, Tunisia, Viet Nam and Yemen.

26. **Monitoring progress towards universal health coverage at the country and global levels: framework measures and targets.** In May 2014, WHO and the World Bank released a proposed framework for tracking country and global progress towards universal health coverage, with the aim of informing and guiding discussions on and the assessment of both aggregate and equitable coverage of essential health services as well as financial protection. Monitoring progress towards these two components of universal health coverage will be complementary and critical to achieving desirable health outcome goals, such as ending preventable deaths and promoting healthy life expectancy, as well as reducing poverty and protecting household incomes.

27. **Social Protection Inter-Agency Cooperation Board.** The Board is an inter-agency coordination mechanism composed of representatives of international organizations and bilateral institutions, the aim of which is to enhance global coordination and advocacy on social protection issues and to coordinate international cooperation in country demand-driven actions.

28. **Global Health Workforce Alliance.** The Alliance is a WHO-hosted partnership established in 2006 as a common platform for action to address the chronic shortage of health workers. The shortage of doctors, nurses and midwives is currently one of the major obstacles to achieving the Millennium Development Goals and other international health goals, including universal health coverage. Health workers are also critical to the preparedness for and response to the global security threats posed by emerging and epidemic-prone diseases. The Alliance is a partnership of over 400 organizations, including national Governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating effective and practical solutions. The Alliance engages its partners across the multiple dimensions of human resources for

health — whether in the health, education, finance or labour sector. This approach has contributed significantly to a range of initiatives and achievements at the global, regional and national levels that have enabled and will continue to enable a multisectoral focus on human resources for health within the global health agenda.

29. **Alliance for Health Policy and Systems Research.** The Alliance is a WHO-hosted partnership established in 1999 with the overall goal of promoting the generation and use of health policy and systems research as a means to improve health and health systems in developing countries. The Alliance is interdisciplinary, blending economics, sociology, anthropology, political science, public health and epidemiology together to draw a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape — and be shaped by — health systems and the broader determinants of health. This partnership contributes directly to the development of sustainable health systems that work to ensure universal access to quality health services and the transition towards universal health coverage. The Alliance has over 360 partners across the globe, including members from research institutions, universities, national and local governments, multilateral and bilateral agencies, international organizations, NGOs, foundations and others. These members actively participate in Alliance consultations and workshops, giving them a strong voice in the Alliance's programming and strategic decisions.

(b) Addressing unfinished challenges in connection with the health-related Millennium Development Goals

30. **High-level Task Force on Global Food Security.** The Task Force was established by the Secretary-General to address the global food price crisis through coordinated action across the United Nations system. The Task Force is now addressing more widely global food security and leading advocacy and action to implement the Secretary-General's Zero Hunger Initiative. WHO, together with UNICEF and the World Food Programme (WFP), coordinates the working group on zero stunting and collaborates on developing relevant policy guidance.

31. **Scale Up Nutrition Movement.** Scale Up Nutrition brings together representatives from 54 developing countries, donors, United Nations entities, civil society and business, organized in separate networks, to develop comprehensive multisectoral action in nutrition and related results frameworks and increase investments. The Movement has mobilized considerable political commitment, facilitated multi-stakeholder coordination and leveraged new financial resources.

32. **World Breastfeeding Week.** On the occasion of the World Breastfeeding Week in August 2014, WHO launched a network, in collaboration with the United Nations Children's Fund (UNICEF) and several civil society organizations, to strengthen the monitoring of the International Code of Marketing Breast-milk Substitutes.[1] It focuses on strengthening health services and the promotion of the Baby-Friendly Hospital Initiative,[2] as well as the implementation of the ILO Maternity Protection Convention, 2000 (No. 183),[3] and the International Code of Marketing of Breast-milk Substitutes.

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[1] See www.who.int/nutrition/publications/infantfeeding/9241541601/en/.

[2] See www.who.int/nutrition/topics/bfhi/en/.

[3] See www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312328.

33. **Secretary-General's Global Strategy for Women's and Children's Health.** Launched in 2010, the Strategy has galvanized global attention and generated some $40 billion in pledges. WHO worked closely with Governments and partners to support the strategy, and hosted the Commission on Information and Accountability for Women's and Children's Health. WHO also supported other major technical components of this work, such as the work of the United Nations Commission on Life-saving Commodities for Women and Children. Global action plans endorsed by the World Health Assembly, such as the Global Vaccine Action Plan, as well as regional action plans, also helped to translate political commitment into specific technical strategies and road maps.

34. **Partnership for Maternal, Newborn and Child Health.** The Partnership was launched in 2005 to mobilize partners and Governments to accelerate global action to improve reproductive, maternal, newborn and child health. The Partnership joins the reproductive, maternal, newborn and child health communities into an alliance of more than 600 members across seven constituencies: academic, research and teaching institutions; donors and foundations; health-care professionals; multilateral agencies; NGOs; partner countries; and the private sector. The Partnership supports countries to achieve Millennium Development Goals 4 and 5, specifically, and to progress towards the other Goals, by enhancing partners' interactions and the application of their comparative advantages to: raise resources for reproductive, maternal, child, newborn and adolescent health; promote evidence-based high-impact interventions and a means to deliver them; and track partners' commitments and measurement of progress. The Partnership is governed by a 25-member Board and administered by a secretariat hosted at WHO. The Partnership is not an independent entity, but a collaborative mechanism among its members.

35. **Roll Back Malaria Partnership.** Launched in 1998 by WHO, UNICEF, the United Nations Development Programme (UNDP) and the World Bank to ensure coordinated action against malaria, the Partnership is composed of more than 500 partners, including malaria-endemic countries, donors and multilateral development organizations, product development partnerships, NGOs, research and academic organizations and the private sector. The main objective of the secretariat is to convene global malaria partners and to facilitate collaboration, policy coordination and communication among partners. The Board brings together member States and representatives of each Roll Back Malaria constituency. WHO has a dual role: it provides technical guidance on global policy to all partners, and it has a permanent representation on the Board.

36. **Stop Tuberculosis Partnership.** Established in 2000, the Partnership serves as the main platform to facilitate, catalyse and coordinate the work of over 1,000 partners, including tuberculosis-endemic countries, donors and multilateral development organizations, product development partnerships, NGOs, research and academic organizations and the private sector. The Partnership is governed by a Coordinating Board, supported by two standing committees: the Executive Committee and the Finance Committee. WHO has a dual role: it provides technical guidance on global policy to all partners, and it has a permanent representation on the Coordinating Board. As of January 2015, the Partnership was to be hosted by the United Nations Office for Project Services.

37. **Global Polio Eradication Initiative.** The Initiative is led by national Governments, in partnership with the four spearheading partners: WHO, Rotary

International, the United States Centres for Disease Control and Prevention and UNICEF.[4] Through the Initiative, the global incidence of polio has been reduced by more than 99.9 per cent; more than 10 billion doses of oral polio vaccine have been administered to more than 2.5 billion children worldwide. The programme's size and scope have required collaboration and cooperation across countries and institutions and between the public and private sectors. The impact of the Initiative extends beyond polio, benefiting other global and country health priorities. The Initiative's infrastructure can provide a strong platform for addressing other vaccine-preventable diseases and support national health systems.

38. **Global Alliance for Vaccines and Immunization (GAVI).** The GAVI Alliance is a private-public partnership established in 2002 with the aim of addressing global inequities in access to and coverage of available lifesaving vaccines. Its mission to save children's lives and protect people's health by increasing access to immunization in poor countries is achieved through four strategic goals: (a) supporting countries' decision-making processes regarding the introduction of underused and new vaccines; (b) helping to strengthen the capacity of health systems; (c) ensuring sustainable financing; and (d) shaping vaccine markets to the benefit of developing countries. By 2013, the GAVI Alliance, with the support of its members, including donor countries, recipient countries, industry, civil society, technical institutions, unaffiliated members and United Nations agencies, had contributed to the prevention of more than 5 million future deaths due to vaccine-preventable diseases.

39. **Global Fund for Fighting Aids, Tuberculosis and Malaria.** Established in 2002, the Global Fund mobilizes, manages and disburses substantial new resources through a public-private partnership aimed at contributing to the reduction of prevalence of infection, illness and death caused by HIV/AIDS, tuberculosis and malaria in countries in need, thereby contributing to poverty reduction as part of the Millennium Development Goals. The Global Fund 2012-2016 Strategy: Investing for Impact establishes goals aimed at saving 10 million lives and preventing 140 million to 189 million new infections during the period 2012-2016 by providing funding for key lifesaving interventions, including antiretroviral therapy for HIV, treatment for tuberculosis and long-lasting insecticidal bed nets to prevent malaria. To improve the response to country's needs, the Global Fund adopted policies, strategies aimed at strengthening support for national priorities, health systems and plans for greater impact on the three diseases, promoting gender equality, attention to minorities and other vulnerable populations such as ethnic, migrant and mobile populations. In 2012, the Fund changed its funding model, moving from a project-based funding approach to a new more streamlined funding model better aligned with national strategic plans. The international Board of the Global Fund includes donor and recipient Governments, NGOs, the private sector, affected communities and United Nation organizations.

(c) Addressing the challenges of non-communicable diseases

40. In September 2011, Heads of State and Government adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention

[4] Other partners include: the Bill and Melinda Gates Foundation, private foundations, development banks, donor governments, the European Commission, humanitarian and non-governmental organizations, corporate partners and volunteers in developing countries.

and Control of Non-communicable Diseases (General Assembly resolution 66/2, annex) and committed themselves to promote, establish or support and strengthen multisectoral national policies and plans for the prevention and control of non-communicable diseases (ibid., para. 45). Although not a partnership in itself, the Declaration prompted a broad range of activities, within United Nations agencies and with the broader community, in accomplishing a number of global assignments that would accelerate national efforts. The WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 put in place a global agenda based on nine concrete global targets for 2025. The plan was endorsed by the World Health Assembly in May 2013 (resolution WHA66.10) and comprises a set of actions that, when performed collectively by member States, international partners and WHO, will help to attain a global target of a 25 per cent reduction in premature mortality from non-communicable diseases by 2025 and achieve the commitments made by Heads of State and Government in September 2011.

41. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, which the Secretary-General established in June 2013 (see Economic and Social Council resolution 2013/12) and placed under the leadership of WHO, is coordinating the activities of the relevant United Nations organizations and other intergovernmental organizations to support the realization of the commitments made in 2011 by Heads of State and Government in the Political Declaration on Non-communicable Diseases, in particular through the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The terms of reference of the Task Force were adopted by the Economic and Social Council in June 2014 (see resolution 2014/10).

42. Terms of reference for the establishment of the WHO Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases were endorsed by the World Health Assembly in May 2014.[5] The scope and purpose of the Mechanism are to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The Mechanism is led by member States. Other participants include United Nations organizations and other intergovernmental organizations, as well as non-State actors.[6]

43. There are a number of partnerships and initiatives in support of the WHO Framework Convention on Tobacco Control and of tobacco control in general. In partnership with the Bill and Melinda Gates Foundation, the Bloomberg Philanthropies,[7] the United States Centres for Disease Control,[8] the John Hopkins Bloomberg School of Public Health[9] and two NGOs, The Union[10] and the Campaign for Tobacco Free Kids,[11] WHO is supporting countries in their efforts to

[5] See document A67/14 Add.1.

[6] In accordance with paragraph 5 of document A67/14 Add.1.

[7] See www.bloomberg.org/.

[8] www.cdc.gov.

[9] See www.jhsph.edu/.

[10] See www.theunion.org/.

[11] See www.tobaccofreekids.org/.

implement key demand reduction measures for tobacco.[12] Bloomberg Philanthropies has committed more than $600 million since 2007 to combat tobacco use worldwide and support developing countries. In 2011, WHO established the Centre for Tobacco Control in Africa in Uganda to provide technical assistance on tobacco control policies, programmes and legislation to six neighbouring developing countries.

44. The United Nations Road Safety Collaboration, led by WHO and the United Nations regional commissions, is an informal consultative mechanism whose goal is to facilitate international cooperation and to strengthen global and regional coordination among United Nations system agencies and other international partners to implement General Assembly resolutions on improving global road safety and the recommendations of the *World Report on Road Traffic Injury Prevention*,[13] thereby supporting country programmes to implement the objectives of the Decade of Action for Road Safety 2011-2020. The Collaboration holds biannual meetings to coordinate the road safety activities implemented by its 81 partner organizations, which include United Nations organizations, Member States, NGOs, foundations and academic institutions, and the private sector.

45. The Global Campaign for Violence Prevention aims to implement the recommendations of the *World Report on Violence and Health*[14] by raising awareness about the problem of violence, highlighting the crucial role that public health can play in addressing its causes and consequences, and fostering prevention. It also seeks to ensure a coordinated international response. In support of these aims, the Campaign provides a platform for the dissemination and exchange of science-based knowledge about violence prevention, and the sharing of violence prevention policies, plans and experiences. Among the key mechanisms through which the Campaign seeks to achieve its aims is the Violence Prevention Alliance. The Alliance is a network of WHO member States, international agencies and civil society organizations working to prevent violence. Alliance participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multisectoral cooperation. Participants are committed to implement the recommendations of the *World Report on Violence and Health*.

(d) Enhancing the emergency health response and implementing the provisions of the International Health Regulations

46. **Global Health Cluster.** As part of the humanitarian reform and under the aegis of the Inter-Agency Standing Committee, WHO has worked together with more than 30 partners since 2006 to expand and strengthen global capacity for effective humanitarian health action. This includes increasing the number of partners, advocating more health actors in humanitarian settings, developing complementary surge mechanisms, performing joint analysis and planning to address gaps in health service coverage in emergency settings, developing and implementing common tools and guidance, and strengthening mechanisms of individual partners to provide technical support for country programmes. The main partners include the International Medical Corps, Save the Children UK, the International Federation of Red Cross and Red Crescent Societies (IFRC), World Vision, UNICEF, the International Organization for Migration, the Office of the

[12] See www.who.int/fctc/en/.

[13] WHO, *World Report on Road Traffic Injury Prevention*, Geneva, 2004.

[14] WHO, *World Report on Violence and Health*, Geneva, 2002.

United Nations High Commissioner for Refugees (UNHCR), the European Commission Humanitarian Aid Office, the Department for International Development of the United Kingdom and USAID. The Cluster is governed by a core group composed of a limited number of partners on a rotational basis. The core group meets quarterly, while the Cluster meets in plenary twice per year.

47. **Country health clusters.** When national capacities are overwhelmed in times of natural or man-made emergencies, international partners come together to help coordinate emergency response in the health sector and to provide health services in a timely, predictable and effective manner in support of member States. The main international partners differ depending on the country situation, but always include ministry of health, local civil society and national non-governmental agencies as well as international non-governmental agencies. The cluster approach is based on consensus and collaboration; the cluster is convened by the cluster lead agency, which in most cases is WHO; subnational cluster coordination is sometimes led by partner agencies. Health clusters are part of a larger constellation of sectoral "clusters" that are guided in country by the Humanitarian Coordinator and the humanitarian country team.

48. **Foreign Medical Teams Initiative.** WHO works together with partners to establish and uphold a predictable, minimum standard for the quality of health care during emergency response, and to develop measures to ensure that member States are prepared to receive foreign medical teams and to integrate their services into the national emergency response. The main partners are IFRC, the International Committee of the Red Cross (ICRC), the International Medical Corps, the International Rescue Committee, Save the Children, various academic institutions, Australia, Spain, Switzerland, the United Kingdom and the United States. The governance of the Initiative is an advisory group under the leadership of WHO.

49. **Attacks on Health Care Initiative.** ICRC, the World Medical Association, the International Council of Nurses and WHO work together to raise awareness of the scale and nature of attacks on health care, affirm the principles of the sanctity of health care and the right to health, call for action by member States to prevent attacks, monitor the continuity of services, build alternative ways to deliver care in such settings, promote respect for health care, reaffirm the commitment to document the problem, propose solutions and advocate the protection of health workers and facilities. The initiative is under the co-leadership of ICRC and WHO, which jointly convene and collaborate on related issues. Within this initiative, WHO has been tasked, pursuant to World Health Assembly resolution 65.20, with developing a methodology for collecting relevant data; an inter-agency task team led by WHO was established to finalize this methodology.

50. **Stand-by agreements to provide technical assistance to Member States in emergencies.** Pre-established agreements for NGO deployments of qualified emergency experts to WHO response operations have resulted in 26 deployments to emergency settings since these partnerships began in mid-2013. WHO has signed stand-by agreements with the Information Management and Mine Action Programme (iMMAP), Red-R Australia, the Norwegian Refugee Council and Canada's Civilian Reserve (CANADEM), and is in negotiations with additional groups. The Department for International Development is a main funding partner of the stand-by agreements. These WHO partnerships are part of a larger partnership called the Stand-By Partnerships Partners, composed of 24 United Nations and NGO

partners, including large agencies such as UNICEF, the United Nations Educational, Scientific and Cultural Organization, UNHCR and WFP. The secretariat of the Stand-by Partnerships Partners is run by the Office for the Coordination of Humanitarian Affairs. The partnership meets twice per year.

51. **Thematic Platform for Health of the International Strategy for Disaster Risk Reduction.** This partnership gathers actors from governmental, private, non-governmental, civil society, academic and research institutions and community organizations whose activities help to improve health outcomes for people at risk of emergencies and disasters. Its role is to advocate, share information and catalyse action on emergency and disaster risk management for health, and to implement the Hyogo Framework for Action through health and other sectors. The main partners are the United Nations Secretariat for International Strategy for Disaster Risk Reduction, UNICEF, Public Health England, CBM and IFRC. WHO convenes the thematic platform; its decisions are made through consensus; it meets face to face on the margins of the meetings of the Global Platform for Disaster Risk Reduction.

(e) Increasing access to affordable medical products

52. Established in 2006, UNITAID is an innovative financing initiative that seeks to increase access to medicines in developing countries by boosting the availability of affordable medicines, diagnostics and related commodities for HIV/AIDS, tuberculosis and malaria. The distinctiveness of UNITAID comes from its unique funding model, based on an air ticket levy and long-term contributions from Governments to secure steady, reliable and sizeable funding. The Board is composed of representatives of member States, civil society networks and foundations. WHO is one of the UNITAID implementing partners, together with UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Population Services International, the Clinton Health Access Initiative, the Global Partnership to Stop Tuberculosis and several other organizations.

53. **Global Action Plan for Influenza Vaccines.** The Global Action Plan is a comprehensive WHO strategy and collaboration to reduce the current global shortage of influenza vaccines for seasonal epidemics and pandemic influenza in all countries of the world through three major approaches: (a) increase the use of seasonal vaccines; (b) increase vaccine production capacity; and (b) carry out research and development. With respect to increasing global vaccine production capacity, 14 developing country partners have been awarded grants to establish in-country manufacturing capacity for influenza vaccine: Brazil, China, Egypt, India, Indonesia, Iran (Islamic Republic of), Kazakhstan, Mexico, the Republic of Korea, Romania, Serbia, South Africa, Thailand and Viet Nam. Seasonal influenza vaccine production capacity increased from fewer than 500 million doses per year in 2006 to close to 1 billion doses per year at the end of 2010. The overall goal of the Global Action Plan is to have sufficient global influenza vaccine manufacturing capacity by 2015 to immunize 2 billion people, and the vaccine should be available on the market six months after the transfer of the vaccine prototype strain to vaccine manufacturers.

54. **Global strategy and plan of action on public health, innovation and intellectual property.** This initiative aims to promote new thinking on innovation and access to medicines and provide a medium-term framework for securing enhanced and sustainable needs-driven essential health research and development

relevant to diseases that disproportionately affect developing countries, proposing clear objectives and priorities for research and development, and estimating funding needs in this area as well as facilitating access to affordable medical products. The strategy and action plan encourage needs-driven research rather than purely market-driven research and cover the use and dissemination of research and development knowledge, as well as leveraging funds for health research and development. Partners and stakeholders include WHO member States, NGOs, the pharmaceutical industry, academia, civil society organizations, the World Intellectual Property Organization (WIPO), WTO, the United Nations Conference on Trade and Development, the United Nations Industrial Development Organization and WHO.

55. **WHO, WIPO and WTO trilateral cooperation on public health, intellectual property and trade.** WHO, WIPO and WTO are strengthening their cooperation, partnership and practical coordination on issues related to public health, intellectual property and trade. The three organizations meet regularly, exchange information on their respective work programmes and discuss and plan common activities within the possibilities of their respective mandates and budgets. The trilateral cooperation is intended to help to enhance the empirical and factual information basis for policymakers and support them in addressing public health in relation to intellectual property and trade.

(f) Addressing the social, economic and environment determinants of health

56. **United Nations platform on social determinants of health.** Following the World Conference on Social Determinants of Health, held in Rio de Janeiro, Brazil, from 19 to 21 October 2011, ILO, the United Nations Joint Programme on HIV/AIDS (UNAIDS), UNDP, the United Nations Population Fund (UNFPA), UNICEF and WHO have agreed to work together on the social determinants of health to reduce health inequities and promote development, supporting countries in implementing the Rio Political Declaration on Social Determinants of Health. The secretariat of WHO coordinated a meeting in March 2012 to draw up an output-oriented two-year plan for work with ILO, UNICEF, UNDP, UNFPA and UNAIDS. Other activities of the platform include coordinating United Nations country missions to support country efforts to address the social determinants of health to improve health equity.

V. Protection of health workers

57. Health workers are at high risk of violence all over the world. Between 8 and 38 per cent of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Categories of health workers most at risk include nurses and other staff directly involved in patient care, emergency room staff and paramedics.

58. Violence against health workers is unacceptable. It not only has a negative impact on the psychological and physical well-being of health-care staff, but also affects their job motivation. As a consequence, this violence compromises the quality of care and places health-care provision at risk. It also leads to immense financial losses in the health sector.

59. As major emergencies around the globe increase in scale, complexity and frequency, the targeting of health workers in conflicts and other humanitarian crises continues. The ongoing trend of attacks on health-care workers, hospitals, clinics and ambulances in the Central African Republic, Iraq, South Sudan, the Syrian Arab Republic and Gaza and other areas represents a breach of the fundamental right to health.

60. Threats against and the harassment of health workers in West African countries have also been a worrying element of the Ebola virus disease outbreak. These professionals are taking personal risks to provide critical medical care, but they have been threatened, shunned and stigmatized.

61. Assaults on health workers and facilities seriously affect access to health care, depriving patients of treatment and interrupting measures to prevent and control contagious diseases. Doctors, nurses and other health workers must be allowed to carry out their lifesaving humanitarian work free of threats of violence and insecurity.

62. While the adverse impacts of attacks on health care have been well documented in conflicts such as those in South Sudan, the Syrian Arab Republic and Gaza, health workers are also being prevented from carrying out their essential work outside war zones. In Nigeria and Pakistan, polio vaccinators, most of them female, have been specifically targeted.

63. Interventions to prevent violence against health workers in non-emergency settings focus on strategies to better manage violent patients and high-risk visitors. In disaster and conflict situations, in which health workers may become the targets of collective or political violence, interventions focus on ensuring the physical security of health-care facilities. More research is needed to evaluate the effectiveness of these programmes, in particular in low-resource settings.

64. WHO, ILO, the International Council of Nurses and Public Services International jointly developed the *Framework Guidelines for Addressing Workplace Violence in the Health Sector*[15] to support the development of violence prevention policies in non-emergency settings, as well as a questionnaire and study protocol to research the magnitude and consequences of violence in such settings. For emergency settings, WHO has also developed methods to systematically collect data on attacks on health facilities, health workers and patients.

65. However, as the ongoing Ebola virus outbreak clearly shows, the protection of health workers requires the establishment of a systemic approach to the comprehensive clinical management of infectious diseases, especially life-threatening viral diseases, the procurement of appropriate medical devices, including personal protective equipment, and the building of the capacity of health workers to apply proper protocols and use current practices, including through training and skills transfer. Infection prevention and control programmes are essential in preventing so called health-care-associated infections, which can affect patients, health-care workers and visitors.

[15] International Labour Organization, International Council of Nurses, World Health Organization and Public Services International, *Framework Guidelines for Addressing Workplace Violence in the Health Sector*, Geneva, International Labour Office, 2002.

66. Protecting those who care for the sick and vulnerable in the world's most difficult circumstances is one of the most pressing responsibilities of the international community.

VI. Recommendations

67. Well-coordinated multi-stakeholder partnerships can play a fundamental role through the support they can lend to the attainment of collectively agreed public health priorities that contribute to better health outcomes. They should constitute platforms to advance the global, regional and country health agendas, add value and have a clear purpose and scope. Future partnerships efforts in the health arena should be aligned with these main strategic thrusts of global health action and should identify effective means to contribute to their advancement.

68. Future efforts of multi-stakeholder partnerships should address the following critical areas in connection with the abovementioned leadership priorities:

(a) Advancing universal health coverage:

- **Support the development of national health plans and legislation best-practices**
- **Support the design and implementation of national health financing models that increase the financial protection of the most vulnerable**
- **Support the design and implementation of health service delivery models for national health systems that increase coverage and improve the scope and quality of services**

(b) Addressing unfinished challenges in connection with the health-related Millennium Development Goals:

- **Support national efforts to increase access to key interventions for people living with HIV**
- **Support national efforts to increase the number of successfully treated tuberculosis patients**
- **Support national efforts to increase access to first-line anti-malaria treatment for confirmed malaria treatment**
- **Support national efforts to increase vaccination coverage for hard-to-reach populations and communities**
- **Support countries in their efforts to increase access to interventions for improving the health of women, newborns, children and adolescents**

(c) Addressing the challenges of noncommunicable diseases:

- **Support countries in their efforts to increase access to interventions to prevent and manage non-communicable diseases and their risk factors**
- **Support countries in their efforts to increase access to services for mental health and substance use disorders**

- **Support national efforts to reduce risk factors for violence, injuries and nutritional risk factors**
- **Support countries in their efforts to increase access to services for people with disabilities**

(d) **Implementing the provisions of the International Health Regulations:**

- **Support countries in attaining the minimum core capacities required by the International Health Regulations 2005 for all hazards, alert and response**
- **Increase the capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics**
- **Increase country capacities to manage public health risks associated with emergencies**

(e) **Increasing access to affordable medical products:**

- **Support countries in their efforts to improve access to the rational use of safe, effective and quality medicines and health technologies**
- **Strengthen national health regulatory authorities**

(f) **Addressing the social, economic and environment determinants of health:**

- **Support national efforts to increase intersectoral policy coordination to address the social, economic and environmental determinants of health**
- **Support countries in the identification and mitigation of environmental threats to health.**

69. **Despite the advances in effective development cooperation practices, recipient countries still face the challenges of duplication, fragmentation and high transaction costs in their interaction with the myriad health partnerships that have emerged during the past two decades. Further efforts are required to align the work of partnerships and partners with national health policies, strategies and plans, as well as to more clearly identify the comparative advantages of the newly created partnerships.**

70. **Effective health partnerships must ensure country ownership. They should consider the needs of countries and respond to them, recognizing that a "one-size-fits-all" approach is not appropriate. The coordination of these streams, in connection with the global health agenda, poses significant coordination challenges for effective global health governance.**

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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance

Safety and security of humanitarian personnel and protection of United Nations personnel

Report of the Secretary-General

Summary

The General Assembly, in its resolution 68/101, requested the Secretary-General to submit to it, at its sixty-ninth session, a comprehensive and updated report on the safety and security of humanitarian personnel and protection of United Nations personnel and on the implementation of the resolution. The present report provides an update on the safety and security of United Nations personnel over the past year and on the efforts of the Department of Safety and Security to implement the recommendations of the Assembly contained in resolution 68/101 that fall within the Department's purview.

The present report describes the measures taken by the Department of Safety and Security and the United Nations security management system to realize the strategic vision of a professional, effective and efficient security management system in ensuring the protection of United Nations personnel, premises and assets for the conduct of United Nations activities. The report provides an assessment of United Nations security management policies, efforts, initiatives and multi-faceted strategies in an evolving global security environment.

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I. Introduction

1. In its resolution 68/101, the General Assembly requested the Secretary-General to submit to it, at its sixty-ninth session, a report on the safety and security of humanitarian personnel and protection of United Nations personnel and on the implementation of the resolution. The present report provides an update on the safety and security of United Nations personnel over the past year and on the efforts of the Department of Safety and Security to implement the recommendations of the Assembly contained in resolution 68/101 that fall within its purview.

2. The present report contains an analysis of security incidents that affected United Nations personnel[1] in the calendar year 2013 and compares the data, where applicable, to those of 2012 and the previous year(s). Additionally, the report provides information on security incidents in the first six months of 2014. Such analysis presents a picture of the threats that the United Nations system faces as it delivers its programmes, including humanitarian assistance.

3. The report describes the measures taken by the Department of Safety and Security and the United Nations security management system[2] in realizing the strategic vision of a modern, professional, effective and efficient security management system that supports United Nations designated officials and security management teams worldwide. The goal is to provide the highest level of security for United Nations personnel and premises consistent with the delivery and implementation of United Nations programmes and activities. In accordance with General Assembly resolution 68/101, the present report contains an assessment of the policies, strategies and initiatives of the United Nations system in the field of safety and security.

II. Security challenges and threats against United Nations personnel

4. Threats against the United Nations are of increasing concern. In the current global security landscape, the United Nations is a target of violent attacks by parties to armed conflicts. The reporting period has witnessed complex attacks targeting United Nations personnel and premises.

5. Security threats have become more complex, with the use of unconventional tactics, including improvised explosive devices, suicide bombings and abductions. The line between criminals and hostile groups, including extremists with transnational strategies and using sophisticated tactics, is increasingly blurred.

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[1] For the purpose of the present report, the term "United Nations personnel" refers to all personnel covered by the United Nations security management system, including United Nations system personnel, United Nations Volunteers, individually deployed military and police personnel in missions led by the Department of Peacekeeping Operations or the Department of Political Affairs, consultants, individual contractors, experts on mission and other officials with a direct contractual agreement with an organization of the United Nations system. The term does not refer to military members of national contingents or members of formed police units when deployed with their contingent.

[2] The United Nations security management system includes all organizations of the United Nations system and other non-United Nations entities that have concluded a memorandum of understanding with the United Nations on security management.

6. In active theatres of conflict, violent attacks on humanitarian and civilian facilities have emerged as a cause of the deepest concern.

7. In 2013 and during the first six months of 2014, the United Nations conducted and expanded its operations in countries, missions and areas presenting unprecedented security challenges, including areas with active armed conflicts and volatile post-conflict environments as well as military confrontations, civil unrest and public disorder, sectarian violence, violent criminality, proliferation of extremism, political crisis, widespread human rights violations, dire humanitarian situations and emergencies and natural disasters. The number of countries, missions and areas characterized by these conditions as well as the number of United Nations personnel involved in operations in such locations increased significantly.

8. In areas of military hostilities, United Nations personnel have frequently been exposed to collateral risks and even direct attacks. During the reporting period, United Nations personnel, premises and assets in multiple locations were continuously targeted by extremist attacks involving the use of asymmetrical tactics. An increased level of criminality in multiple locations where United Nations personnel are present also constitutes a continuing security challenge.

9. Despite the challenging global security environment, during the reporting period the system-wide strategic approaches, policies and operational measures adopted by the United Nations security management system enabled the United Nations to conduct critical cross-border life-saving humanitarian operations in Iraq and the Syrian Arab Republic and respond to the political and human rights crises with dire humanitarian consequences in the Central African Republic, South Sudan, Mali and Ukraine. Moreover, the United Nations security management system has enabled the United Nations to expand its operations in Somalia, continue the delivery of its programmes and mandates in Libya and provide humanitarian assistance as well as recovery support to the victims of natural disaster in the Philippines.

10. To enable the effective delivery of wide-ranging United Nations programmes, mandates and activities worldwide, specifically in countries and areas associated with elevated threats and security risks, the Department of Safety and Security and the United Nations security management system continued to refine their policies as well as their strategic and operational approaches to meet the increasing demands.

A. Personnel affected by security incidents in 2013

11. The United Nations security management system is currently responsible for the safety and security of more than 150,000 United Nations personnel in 187 countries. Some 30,000 United Nations personnel serve at headquarters locations[3] while more than 120,000[4] serve in non-headquarters duty stations, including field offices.

[3] For the purpose of the present report, "headquarters locations" are defined as headquarters of the organizations of the United Nations system that are members of the United Nations security management system.

[4] The numbers for United Nations personnel are derived from the 2010 statistics of the organizations in the United Nations common system.

12. The main findings from the reported critical and significant security incidents in 2013 are as follows:

(a) The total number of United Nations personnel affected by significant security incidents[5] was 1,216 compared with 1,793 in 2012, 1,759 in 2011 and 1,438 in 2010;

(b) A total of 28 United Nations personnel lost their lives in significant security incidents in 2013, compared with 35 in 2012, 70 in 2011 and 24 in 2010;

(c) Eighteen personnel lost their lives as a result of violence and 10 were killed in safety-related incidents, compared with 20 and 15 in 2012, 26 and 44 in 2011 and 5 and 19 in 2010, respectively;

(d) All 10 victims of safety-related incidents in 2013 lost their lives as a result of road traffic accidents;

(e) A total of 226 personnel were injured in significant security incidents (compared with 321 in 2012, 311 in 2011 and 232 in 2010), 82 as the result of violence and 144 in safety-related incidents;

(f) Of the 18 personnel who lost their lives as a result of violence, 7 were killed in military hostilities, 2 died in extremist attacks and 9 were victims of crime.

1. Critical security incidents caused by violence

13. Of the 1,216 United Nations personnel involved in significant security incidents in 2013, 22 per cent (271) were affected by critical incidents, that is, incidents resulting in death, injury or abduction.

2. Abductions

14. The continuing high number of abductions of United Nations personnel since 2010 remains a serious concern. In 2013, 17 United Nations personnel were abducted, following 31 abductions in 2012, 21 in 2011 and 12 in 2010. In the Syrian Arab Republic, United Nations personnel remained in captivity for eight months. Most of the abductions and hostage-taking incidents occurred in the Sudan, the Syrian Arab Republic and Yemen. During the first six months of 2014, nine United Nations personnel were abducted. All personnel abducted during the first six months of 2014 have been safely released. One internationally recruited staff member abducted in October 2013 in Yemen remains in captivity.

3. Other incidents of violence

15. Although not resulting in death, abduction or injury, during 2013, 314 personnel were affected by robberies, 23 by break-ins of their residences and 35 by aggravated assault; 81 United Nations personnel were subjected to acts of intimidation. There were 28 incidents of harassment (see annex I and figure III in annex VI).

[5] "Significant security incidents" refer to all types of security and safety incidents including critical incidents resulting in death, injury or abduction, and other categories of security incidents as indicated in annex I (robbery, residence break-in, aggravated sexual assault, burglary, intimidation, harassment, arrest and detention).

4. Safety-related incidents

16. In 2013, 10 personnel lost their lives and 144 were injured in safety-related incidents. All the deaths caused by safety-related incidents were as a result of road traffic accidents (see figure IV in annex VI).

5. Road traffic accidents

17. Ten United Nations personnel were killed and a further 139 were injured in road traffic accidents in 2013, compared with 12 personnel killed and 180 injured in 2012. Approximately 50 per cent of all road traffic incidents and 33 per cent of deaths were associated with the use of official United Nations vehicles. In 2013, 32 non-United Nations personnel were killed and 291 were injured in traffic accidents involving United Nations official vehicles in 40 countries.

6. Analysis of security incidents

18. The number of United Nations personnel affected by critical and significant security incidents decreased in 2013 compared to the previous reporting period. In view of the present challenging security environment, this statistical decrease was marginal considering that the number of United Nations personnel affected by critical and significant security incidents is highly dependent on the number of mass casualties (i.e., deaths and injuries) sustained in single catastrophic incidents. No mass casualty events involving the United Nations occurred in the reporting period. In previous years, single mass casualty events had a profound impact on the overall number of deaths and injuries. An illustrative example is the suicide bomber attack in 2011 against the United Nations House in Abuja killing 14 United Nations personnel and injuring more than 60.

19. There were multiple direct extremist attacks targeting United Nations personnel, premises and assets in 2013 and during the first six months of 2014. Such attacks had the potential to cause catastrophic damage. The United Nations security management system security risk mitigation strategies as well as effective operational measures were effective in preventing the mass casualties that could have resulted from these attacks. Additional security measures, devised by the Department in tandem with the United Nations security management system, including enhanced physical security of premises, use of armoured vehicles, deployment of security guards and enhanced security training and awareness, all contributed to reducing the impact of these attacks and saved lives.

20. Another factor contributing to the overall decrease in the number of personnel affected by critical and significant incidents in 2013 was the fact that no United Nations personnel were killed as a result of aviation accidents. In 2011, 25 United Nations personnel lost their lives as a result of the crash of a United Nations aircraft in Kinshasa, which substantially increased the number of personnel killed in safety-related incidents that year.

21. The number of United Nations personnel killed or injured as a result of road traffic incidents remained high.

22. The total numbers of United Nations personnel affected by violent crime, including robbery, residential break-in and aggravated assault, has remained steady since 2009.

7. Comparisons of significant security incidents by gender

23. Females accounted for some 40 per cent of United Nations personnel and almost 36 per cent of all personnel affected by significant security incidents. Female personnel were more affected by certain types of incidents. For example, about 52 per cent of the total number of personnel affected by robberies and almost 100 per cent of those affected by sexual assaults were female (see figure VII in annex VI).

8. Comparison of significant security incidents among international and locally recruited personnel

24. Internationally recruited personnel comprised approximately 27 per cent of the total of 150,000 United Nations personnel. In 2013, 35 per cent of significant security incidents affected 406 internationally recruited personnel and 65 per cent of such incidents affected 810 locally recruited personnel (see figure V in annex VI).

25. Of the 18 United Nations personnel killed by violence in 2013, 13 were locally recruited personnel. In addition, incidents involving harassment, arrest and detention, and intimidation had a greater impact on locally recruited personnel.

B. United Nations operations in high-risk environments

26. In 2013, there were 18 cases of intrusion into United Nations premises and 14 armed attacks, including six cases in which collateral military hostilities affected United Nations premises.

27. To enable the United Nations to carry out critical operations and programmes in high-risk environments, the Department of Safety and Security, in cooperation with the organizations of the United Nations system, continued to enhance its surge capacity for the timely deployment of security professionals in crises and complex emergencies. In 2013, the United Nations security management system enabled the delivery of critical mandates and programmes under conditions associated with high and very high security risks in several areas of Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Iraq, Libya, Mali, Somalia, South Sudan, the Sudan, the Syrian Arab Republic and Yemen.

28. Its enhanced surge capacity enabled the Department to provide security support to United Nations programmes in areas that have been declared a level 3 emergency. In 2013, the United Nations declared four level 3 emergencies, in the Central African Republic, the Philippines, South Sudan and the Syrian Arab Republic.

C. Significant security incidents in the first six months of 2014

29. On 17 January 2014, four international United Nations personnel were killed as a result of a complex attack on a restaurant in Kabul. On 7 April, two international United Nations personnel were assassinated in Galkayo, Somalia.

30. The number of aggravated and violent assaults on United Nations personnel and their residences increased significantly in the first six months of 2014 owing primarily to ongoing hostilities and civil unrest in the Central African Republic and

South Sudan. Nine United Nations personnel and their families were victims of violent attacks on their residences in the Central African Republic, with seven reported in South Sudan.

31. In the first six months of 2014, there were 9 cases of attacks on United Nations premises and assets in the Central African Republic and 10 similar attacks in South Sudan, resulting in massive looting of humanitarian goods and food aid.

D. Security incidents affecting area staff of the United Nations Relief and Works Agency for Palestine Refugees in the Near East

32. Although area staff of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) do not fall under the United Nations security management system and are not included in the overall statistics contained in the present report,[6] it is important to highlight the serious security incidents affecting UNRWA area staff because they are symptomatic of the environment in which the United Nations operates.

33. UNRWA employs more than 30,000 area staff in Gaza and the West Bank, Jordan, Lebanon and the Syrian Arab Republic. The majority of UNRWA area staff members work in the organization's five areas of operations and constitute the backbone of its workforce. They provide health, education, protection, infrastructure, relief and social services in aid of Palestine refugees.

34. Owing to prevailing security conditions in areas of UNRWA operations, UNRWA area staff and installations have been heavily affected by security incidents. From 1 January 2013 to 30 June 2014, 13 UNRWA area staff were killed and 21 injured as a result of acts of violence. In addition, 4 were abducted, 12 were reported missing and 68 detained or arrested (see annex V).

35. Most of the critical incidents occurred in the Syrian Arab Republic, where 10 UNRWA area staff members were killed, 16 injured, 2 abducted, 10 reported missing and 46 detained or arrested; 24 UNRWA area staff members were detained in the Syrian Arab Republic as of 30 June 2014.

III. Respect for the human rights, privileges and immunities of United Nations and other personnel

36. The United Nations security management system is based on the fundamental principle that the host Government has the primary responsibility for the security and protection of United Nations personnel, property and assets.

37. In accordance with General Assembly resolution 68/101, the United Nations continued to take necessary measures to promote full respect for the human rights, privileges and immunities of United Nations and other personnel carrying out activities in fulfilment of the mandate of a United Nations operation. Furthermore, the United Nations, in negotiating headquarters and other mission agreements, continued to seek the inclusion of the applicable conditions contained in the relevant

[6] See footnote 1 for the organizations covered by the United Nations security management system.

international conventions, including the Convention on the Safety of United Nations and Associated Personnel and its Optional Protocol. Recently concluded status-of-forces and status-of-mission agreements and those under negotiation by the United Nations include references to the International Covenant on Civil and Political Rights.

38. United Nations officials continued to maintain constructive engagement with Member States on issues relating to the human rights, privileges and immunities and the safety and security of United Nations personnel and to seek their support in improving the operational environment for the United Nations.

39. In promoting transparency and ongoing efforts under the Secretary-General's Rights up Front initiative, the Department continues to strengthen its cooperation and information-sharing on issues within its purview with relevant subsidiary bodies of the Human Rights Council.

IV. Arrest and detention

40. In 2013, 138 United Nations personnel were detained or arrested; 88 per cent of them were locally recruited personnel and about 80 per cent were detained or arrested following traffic accidents and for alleged civil or criminal offences. In 2013, in 21 cases of arrest or detention, the United Nations was denied access to the detainee and given no reasons for the arrest.

41. In the first six months of 2014, 41 United Nations personnel were detained or arrested. As of 30 June 2014, 52 United Nations personnel remained in detention, including 10 personnel convicted for civil or criminal offences.

42. The numbers of United Nations personnel detained or arrested by host country authorities have declined since 2009 but remain unacceptably high. The Department of Safety and Security continues to intensify its efforts, together with relevant United Nations entities and in cooperation with the host Government, to address this issue. Ongoing efforts include improving the reporting system in accordance with the United Nations security management system policy on arrest and detention, adopted on 14 April 2012, and proactive engagement with host government authorities.

V. Strengthening the United Nations security management system

A. Enhancing security collaboration between the United Nations and host Governments

43. Relations with host country authorities are fundamental to United Nations security management. During the reporting period, the senior leadership of the Department of Safety and Security maintained dialogues with the relevant authorities of Member States in order to strengthen collaboration between host Governments and the United Nations on security matters. The Organization continued to promote collaboration with Member States, in particular host government authorities, in the areas of security-related information-sharing,

situational awareness, threat analysis, contingency planning and other relevant aspects of security risk management. This collaboration focused not only on protective physical security measures for United Nations premises but also on efforts to address security management from a preventive and integrated perspective. At the strategic level, senior United Nations officials have consistently raised issues concerning the security of United Nations personnel during meetings with Member States.

44. Through regular interaction with Member States, the Department continued to provide information on steps taken and resources required to enable the delivery of United Nations programmes through a modern, analysis-based and multidimensional security management system. The United Nations policy approach towards collaboration with the host Government focuses on maintaining close liaison with host government authorities, building an effective information-sharing mechanism and jointly analysing security threats against the United Nations.[7]

45. A critical aspect of collaboration with the host Government is the effort to address impunity. In an attempt to hold accountable those responsible for threats and acts of violence against United Nations personnel, the Department and the designated officials continued to work closely with Member States to ensure that attacks against the United Nations are fully investigated.

46. Since January 2014, the Organization has been examining means by which the United Nations security management system, in cooperation with the host Government, could follow up more effectively on cases involving acts of violence committed against United Nations personnel. This exercise aims to ensure that serious acts against the United Nations are fully investigated and that comprehensive follow-up with survivors and victims' families is maintained.

B. Assessments of the development, implementation and outcomes of policies, initiatives and efforts

47. The United Nations continues to refine its security management system in line with the Organization's shift from a "when to leave" to a "how to stay" approach. One of the main challenges is how to balance security risks and programme imperatives, particularly for activities in high-risk areas (see A/66/680).

48. At the same time, there is a need to re-examine further the strategic approach towards enhancing the "duty of care" for United Nations personnel. The Department led the working group established by the High-level Committee on Management to review the issues related to reconciling "duty of care" for United Nations personnel with the need to "stay and deliver" in high-risk environments. The working group held its first meeting on 28 August 2014 with the participation of relevant United Nations entities.

[7] Following the issuance of the United Nations security management system policy on relations with the host country on security in April 2012, the Department has led efforts to promote further collaboration with host Governments on security matters. These include strategic guidance and support to the designated officials for security and United Nations security professionals highlighting relations with the host country as a critical aspect of their security management functions.

49. In addition to the improvement of policy development and increasing awareness, understanding and effective application of United Nations security management system policies and tools at all levels, there is a need to ensure that those tools and policies fully correspond to operational requirements on the ground. The Department continued to promote the required commitment of all actors within the United Nations security management system, from United Nations senior leadership to individual personnel, to mainstream security as part of programme considerations. At the same time, the Department continued to collaborate closely with members of the Inter-Agency Security Management Network in its work to initiate policies and take steps to address any emerging policy gaps. Current efforts include revisions of the security risk management policy and tools to ensure their applicability and effectiveness at the field level.

50. The Department has taken steps to focus discussions within the United Nations security management system on immediate, medium-term and long-term strategic issues. The ongoing strategic review, facilitated by the Department since February 2014, has aimed not only to build on current strengths but also to address any strategic, operational and administrative gaps. Its ultimate objective is to identify areas where further alignment of the Department's structures and activities with the demands of the current threatening environment in which the United Nations operates is needed, in accordance with the mandate of the Department as set out by the General Assembly.

1. Strategic approach and integration of security management with programmes

51. At the policy and operational levels, the Department, in collaboration with the organizations of the United Nations system, continues to devise a global strategy to further strengthen the security management capacity of the United Nations.

52. The overarching strategic approach of the United Nations to security management focuses on the following aspects: (a) strengthening security risk management policy and tools as well as their application; (b) increasing situational awareness and analysis capacity; (c) strengthening policy development and promoting best practices; (d) increasing compliance with minimum operating security standards and improving monitoring and evaluation; (e) enhancing surge capacity for emergency response; (f) devising effective physical security measures; (g) developing the expertise of security professionals and strengthening support to the designated officials and the security management teams in the field; and (h) promoting an effective and preventive security management approach that is multidimensional.

53. Following the development of the programme criticality concept in 2011 (see A/66/720 and A/66/680), the Working Group on Programme Criticality of the High-level Committee on Management at the beginning of 2014 commissioned an independent review of the programme criticality framework and the results of its roll-out in 2013. The framework puts in place guiding principles and a structured approach to ensure that critical programme activities can be balanced against security risks. On the basis of the outcome of the independent review, completed in June 2014, the United Nations is considering efforts to address key issues, including the need for effective Headquarters support, oversight and accountability of the programme criticality mechanism and field-level involvement in programme criticality assessments.

54. Since 2009, the United Nations security management system has taken measures within its remit to implement the recommendations of the Independent Panel on the Safety and Security of United Nations Personnel and Premises Worldwide contained in the report of the Independent Panel issued on 9 June 2008. Together with its partners in the United Nations security management system, the Department continues to examine measures within its purview with the aim of taking additional steps beyond those recommended by the Independent Panel. These include measures to improve the physical security of United Nations premises and to assess how the United Nations security management system could function more effectively and efficiently. Moreover, the United Nations continued to take additional steps on issues related to locally recruited personnel and on the professionalization of its security personnel.

2. Developing security risk management tools

55. Following the development of the security risk management policy in 2011, the United Nations continued to improve its security risk management concept and tools to manage security risks against the United Nations, its personnel, premises and assets. Ongoing efforts by a working group of the Inter-Agency Security Management Network aim at review of the current policy and further refinement of the security management concept, manual and computer-based tools, as well as training.

3. Situational awareness and analysis

56. In responding to unconventional threats, the United Nations continued to enhance its information-gathering capacity in an effort to improve its situational awareness. The Department is considering how to coordinate efforts with relevant United Nations entities to synchronize the United Nations data collection on security incidents and to enhance security information analysis through well-coordinated and integrated capacity.

4. Road safety initiatives

57. During the reporting period, the Department, in cooperation with organizations of the United Nations system, continued to promote road safety for United Nations personnel in accordance with General Assembly resolution 68/101. Following the launch of a road safety awareness campaign in February 2012, the Department's Training and Development Section continued to increase awareness among United Nations personnel at all levels. Road safety awareness remains a key aspect of the safety management responsibility of United Nations personnel.

58. The Department continues to collect and analyse information and report on road safety incidents, including casualties among non-United Nations personnel resulting from road accidents involving United Nations personnel.

5. Compliance with policies and guidelines

59. During the reporting period, the Department evaluated the effectiveness of security programmes and activities as well as the level of compliance with existing policies and guidelines by all relevant United Nations security management system actors across 17 duty stations. The Department assessed 809 premises and issued 135 recommendations on the security of United Nations premises. Further efforts

are under way to improve the methodology for security programme evaluation with updated assessment criteria. The Department's Compliance Evaluation and Monitoring Section, in cooperation with relevant United Nations system organizations, has initiated the development of evaluation tools for security professionals to conduct assessments at their designated field locations.

60. The follow-up action, taken in accordance with the 192 recommendations on compliance with policies and procedures issued by the Department, has contributed to improvement in the functioning of the security management team, the country security focal point network, the warden system and the overall field security management structure as well as security risk management measures.

6. Measures to improve the safety and security of locally recruited personnel

61. The security of locally recruited personnel is a priority for the United Nations system. The Organization continues to devote attention to devising further additional security measures to protect locally recruited personnel, especially in crises. The Department continues to mainstream considerations affecting locally recruited personnel in all its security and safety policies. Efforts are under way to review policies and procedures, in consultation with the Human Resources Network, with regard to alternate work modalities, relocation and evacuation of locally recruited personnel.

7. Measures to improve the safety and security of female personnel

62. The Department continued its efforts to address the security concerns of female personnel. It has ensured the mainstreaming of gender perspectives in all United Nations security management system policies and guidelines. Through training and an interactive website, operated by the Department, a comprehensive learning package, entitled "Women security awareness programme", targeting both genders, has helped increase awareness of security concerns of female personnel.

VI. Contributions of the Department of Safety and Security to the security of personnel, and main achievements

63. During the reporting period, the Department managed worldwide activities related to 249 United Nations-sponsored special events and conferences held outside United Nations system premises and organized in locations that are not normally under the Organization's control, including 16 major events in 12 countries. These events included the United Nations Climate Change Conference, held in Warsaw, the Seventh Joint Annual Meetings of the African Union Conference of Ministers of Economy and Finance and the Economic Commission for Africa Conference of African Ministers of Finance, Planning and Economic Development, held in Abuja and the seventh session of the United Nations Human Settlements Programme World Urban Forum, held in Medellín, Colombia.

A. Field support

64. The Department, through its Division of Regional Operations, continued to provide operational support to the security management structures that include

security professionals and managers in more than 180 countries. It assisted in the oversight of day-to-day security management and provided support for responses to crises and critical incidents in the field.

B. Development of policies and guidelines

65. The development of common policies and guidelines remained a key prerequisite in building a strengthened and unified United Nations security management system. The Department, in tandem with the Inter-Agency Security Management Network, continued to facilitate the development of additional policies and guidelines for the United Nations security management system, as well as other policies with security implications. These included policies on improvised explosive devices, residential security standards, lists of United Nations personnel, collaboration with non-governmental organizations (NGOs) within the Saving Lives Together framework, aviation safety, and safety and security incident reporting.

66. Moreover, the Department has undertaken efforts with other entities to ensure the mainstreaming of security considerations in the Organization's multidimensional policies. These included the Organization's policies on crisis management, sexual exploitation and abuse in peacekeeping operations and the use of guard units for the protection of United Nations special political missions.

67. To enhance awareness and ensure the uniform application of established and standardized safety and security policies, the Department has made available, through its web portal, up-to-date information on security policies and guidelines. The Department's Policy, Planning and Coordination Unit continued to maintain a database of recommendations by United Nations oversight bodies as well as of lessons learned and best practices in security management and other policies with implications for security management. In accordance with the mandate provided by the General Assembly, the Unit continued to provide strategic advice to and support for the United Nations security management system and the Inter-Agency Security Management Network on policy issues. It continued to provide United Nations system-wide services through policy advice and responses to queries on security management policies and related issues.

C. Securing United Nations premises, close protection and security arrangements for special events

68. From 1 January 2013 to 30 June 2014, the Department coordinated the assessment of 2,050 United Nations operations and, when required, of close protection services for them, including security arrangements for the travel of 140 senior United Nations officials to 190 countries. In the same period, the Department coordinated the provision of close protection services seconded by Member States for two field missions to South Sudan and the Syrian Arab Republic. The Department has continued to coordinate protective services for field missions, including during the start-up of peacekeeping operations in the Central African Republic and Mali, as well as for the mission of the Panel of Experts on Yemen. Through its Security and Safety Services, the Department provided a temporary guard force to secure the United Nations premises in Libya. Moreover, it provided close protection services for the Security Council missions to the Democratic

Republic of the Congo, Ethiopia, Rwanda and Uganda in October 2013 and Mali in January and February 2014.

69. The Department continued to enhance the safety and security features of United Nations premises at Headquarters in New York as well as premises in Cambodia, Kenya and Lebanon. In Kenya, during the first quarter of 2014, there was a dramatic increase in the number of violent incidents affecting United Nations personnel. These included extremist attacks in Nairobi, Mombasa and north-eastern areas. In 2013, the most notable attack by extremists in Kenya was the attack on Westgate shopping mall in Nairobi on 21 September 2013.

70. The Department has initiated the establishment of a physical security unit, using existing resources, with the aim of assessing the physical security of United Nations premises worldwide in a more organized, coherent and timely fashion.

D. Training

71. The Department's Training and Development Section facilitated a comprehensive security training programme in line with the strategies adopted by the Inter-Agency Security Management Network. The Department delivered core and specialist training courses through online and in-person training. To date, more than 180,000 United Nations personnel have successfully completed the online basic security in the field course, including United Nations personnel who are required to update their security training triennially. The revised course will soon be available for distribution in all United Nations official languages.

72. During the reporting period, the Department delivered a total of 117 courses. Approximately 1,800 security professionals have attended the courses, organized in collaboration with United Nations agencies, funds and programmes.

73. Hostage incident management training, security certification programmes, local security assistant programmes and intermediate training programmes are among the specialist and core security training courses offered to promote awareness on security policies, practices and procedures.

74. More than 5,000 United Nations personnel have completed the online security management team course, which aims to broaden security managers' knowledge about the United Nations security management system. The Department provided training for 52 designated officials during the reporting period and continued its collaboration with the United Nations Development Group on the training of resident coordinators and humanitarian coordinators.

75. In cooperation with the United Nations Medical Services Division, the Department facilitated the emergency trauma bag-first responder course for more than 400 United Nations personnel working in challenging security environments.

76. About 4,506 United Nations personnel have completed the course on safe and secure approaches in field environments. The Department, in cooperation with the Department of Peacekeeping Operations, has trained a total of 457 security personnel in peacekeeping missions.

E. Critical incidents stress management

77. From January 2013 to June 2014, the Department's Critical Incident Stress Management Unit continued to build United Nations country offices' capacities and preparedness for critical incident stress management and prevention. These efforts included maintaining 23 critical incident stress intervention cells at field locations, providing counselling as well as training of personnel on stress management. The Department has conducted 7,968 counselling sessions and deployed counsellors in response to 36 major crises in the Middle East, Africa and Asia. These crises included floods in Indonesia; an earthquake in the Philippines; hostage incidents and political unrest in South Sudan and the Syrian Arab Republic; the extremist attack on the Westgate mall in Kenya; the attack on the United Nations compound in Mogadishu; political and social unrest, as well as extremist attacks, in Mali; and civil conflict in the Central African Republic. Moreover, the Department has contributed to the Secretariat's interdepartmental effort on support to the survivors and affected families and has worked closely with other relevant entities to further harmonize the United Nations counselling system during critical incidents.

F. Information management

78. Following the launching of the computer-based significant safety and security incident recording system in 2013, the Department continued to coordinate efforts in coordination with the Inter-Agency Security Management Network to improve current security incident recording and further refine the system. This year, the Network has approved a new taxonomy of security incidents and definitions to be applicable across the United Nations security management system.

79. Following the establishment of a policy on security clearances and a user-friendly computer-based system to facilitate the process of security clearances for the official travel of United Nations personnel (the travel request information processing system), the Department now processes an average of 150,000 security clearances per month, which amounts to 1.8 million clearances annually.

G. Aviation safety

80. The Department has developed its capacity to support the Organization's efforts to provide aviation safety guidance for United Nations personnel. The Department, in cooperation with the United Nations security management system organizations, continues to undertake a comprehensive policy review with regard to aviation safety, as well as an assessment of risks posed to personnel travelling by air. The initiative provides timely information on those risks that may have an impact on air travel by United Nations personnel. To date, the Department has provided information on aviation safety in response to approximately 4,500 requests for information from field duty stations worldwide.

VII. Security collaboration between the United Nations and non-governmental organizations

81. While reporting on incidents affecting non-governmental organizations has yet to be standardized, information received by the Department indicates that personnel of non-governmental humanitarian organizations continue to face significant security challenges. From 1 January 2013 to 30 June 2014, reports received by the Department indicate that at least 44 personnel of non-governmental organizations were killed,[8] 90 injured by violence and 99 abducted. The reported number of victims in all categories increased from the previous reporting period (see figure VI in annex VI).

82. The Department has continued to provide support and engage with non-governmental organizations on security. In April 2014, the United Nations security management system promulgated its Saving Lives Together framework, which provides a basis to facilitate security cooperation between the United Nations and its implementing and operational partners. In addition, the Department, in cooperation with concerned United Nations entities, has concluded an independent review of Saving Lives Together, with the aim of enhancing the framework and developing new operational guidance.

83. In order to improve collaboration between the United Nations and NGOs, the Department will increase opportunities for security managers of non-governmental organizations to participate in Department security training workshops. It is expected that this initiative will further reinforce a mutual understanding of security management processes and procedures, as well as the sharing of best practices between the United Nations and NGOs.

VIII. Observations and recommendations

84. **The protection of United Nations and humanitarian personnel is one of the international community's significant challenges in the twenty-first century. As the evolving global security environment is far from improving, United Nations and humanitarian personnel face threats whose nature and scale are unprecedented in the Organization's history.**

85. **The United Nations and its humanitarian personnel and premises are no longer immune from hostilities and attacks by State and non-State actors who are parties to a conflict. Irrespective of the motivations for these threats, this trend calls for joint efforts by the international community to address in a more comprehensive manner the need to protect United Nations and humanitarian personnel.**

86. **Three inextricably linked factors that should prompt the world community to make concerted efforts to ensure the protection of United Nations and humanitarian personnel need to be highlighted: (a) a current and evolving global security environment marked by unconventional and diverse threats against United Nations and humanitarian personnel; (b) the increasing**

[8] This is the figure reported to the United Nations in seven countries. There are, however, a considerable number of NGOs that choose not to share this information with the United Nations.

requirement by Member States for the United Nations to be present in dangerous places, including in areas of active armed conflict and volatile post-conflict environments; and (c) the undeterred commitment of the United Nations to operate, regardless of the environment, in order to carry out life-saving programmes and to promote peace, human rights and development.

87. I wish to commend and pay tribute to the courageous United Nations and humanitarian personnel who serve across the globe, especially those serving in high-risk environments, to assist populations in dire need. Despite the evolving acute and diverse threats, United Nations and humanitarian personnel continue to carry out duties that are essential to the restoration of peace and security and the promotion of human rights and development.

88. I am saddened and distressed by the tragic loss of life of United Nations and humanitarian personnel, in particular the deaths of 28 United Nations personnel in 2013 and a further 16 in the first six months of 2014; the reported deaths of at least 44 NGO humanitarian personnel; and the loss of 13 UNRWA area staff during the reporting period. The deliberate killing of two United Nations personnel in Galkayo, Somalia, on 14 April 2014 is appalling.

89. In gross violation of internationally accepted norms and principles, the attacks on United Nations personnel and premises have shown no sign of abating. I wish to underscore that in the midst of escalating violence in active conflicts, United Nations shelters must remain safe.

90. The continuous and drastic rise in the number of abductions of United Nations and humanitarian personnel is a cause of great concern. There was a more than three-fold increase in the number of abductions involving humanitarian personnel of non-governmental organizations in 2013, with 99 reported incidents. This is unacceptable.

91. The importance of addressing impunity for crimes committed against United Nations and humanitarian personnel is paramount. I call upon host Governments and Member States to bring to justice perpetrators of violent acts against United Nations and humanitarian personnel.

92. The unlawful detention and arrest of United Nations personnel, particularly in cases where the United Nations lacks access to those arrested or detained, is of concern.

93. Despite our determination to deliver programmes in high-risk locations, the United Nations should not aim merely to maintain a presence; to fulfil its mandate, it must be able to "stay and deliver" these critical programmes. There is a need to uphold the "duty of care" towards United Nations personnel, particularly locally recruited personnel.

94. It is imperative that the Organization, Member States, humanitarian partners and the world community forge a forward-looking and comprehensive approach aimed at protecting United Nations and humanitarian personnel. Concerted measures to address the challenges in the context of the current global security situation should be preventive rather than responsive. This approach will allow the United Nations to "stay and deliver" its critical programmes in those challenging security environments where it must operate.

95. **Constructive engagement with all stakeholders and acceptance by the local population is an integral part of multidimensional security management. In the current global security environment, impartiality, both real and perceived, on the part of the United Nations and its mandates is essential for the protection of United Nations and humanitarian personnel. The ability to establish and maintain constructive engagement with all stakeholders in the environment in which the United Nations operates is an indispensable strategy in protecting United Nations and humanitarian personnel.**

96. **While physical security is a core component of United Nations security management, the sustainable security management approach requires an approach that is multidimensional. This includes the need to view security management as a joint effort undertaken in partnership with host Governments and Member States. The protection of United Nations and humanitarian personnel is the collective responsibility of the international community.**

97. **On behalf of all United Nations personnel, I wish to express my deepest appreciation to Member States for their continued support to and engagement with the Department of Safety and Security. I request all Member States that have not already done so to ratify or accede to the Optional Protocol to the Convention on the Safety of United Nations and Associated Personnel.**

98. **On behalf of the United Nations, I wish to express my deepest condolences to the families of all United Nations and associated personnel and all humanitarian personnel who have lost their lives in the line of duty. I highly commend those who continue to work in challenging and dangerous conditions.**

99. **I wish to recommend that the General Assembly remain seized of the issue of the safety and security of United Nations and associated personnel and continue its support to the United Nations security management system.**

Annex I

United Nations civilian personnel affected by security incidents from 1 January to 31 December 2013

Category of security incident	*Number of personnel affected*	*Internationally recruited personnel*	*Nationally recruited personnel*	*Male personnel*	*Female personnel*	*Number of countries*	*Circumstances of security incidents*
Loss of life as a result of acts of violence	18	5	13	16	2	10	Armed conflict (7), terrorism (2), crime (9)
Loss of life as a result of safety-related incidents	10	2	8	9	1	9	Road traffic accident (10)
Injury as a result of acts of violence	82	33	49	69	13	23	Armed conflict (9), terrorism (5), crime (61), civil unrest (7)
Injury as a result of safety-related incidents	144	42	102	106	38	55	Road traffic accident (139), other safety accident (5)
Abduction[a] of personnel	17	10	7	16	1	5	
Robbery[b] of personnel	314	123	191	150	164	61	
Residence break-in[c]	23	9	14	15	8	12	
Aggravated assault[d] of personnel	35	12	23	21	14	14	
Sexual assault of personnel	4	2	2	–	4	3	
Burglary[e] of residence	322	121	201	172	150	81	
Intimidation[f] of personnel	81	15	66	61	20	14	
Harassment[g] of personnel	28	15	13	13	15	12	
Arrest[h] and detention of personnel	138	17	121	135	3	14	
Total	**1 216**	**406**	**810**	**783**	**433**		

[a] Act of restraint through the use or threat of force or through fraudulent persuasion, including hostage-taking involving demands as conditions for liberation, executed by non-State actors.

[b] Act or instance of unlawfully taking property by the use of violence or threat of violence.

[c] Unauthorized and forceful entry with intent to commit a felony or crime aggravated by the use of force and/or physical assault.

[d] Unlawful act which places personnel, without consent, in fear of immediate bodily harm or battery.

[e] Unauthorized and forceful entry with intent to commit a felony or crime.

[f] Act of making a person timid or fearful or of deterring by threats.

[g] Act of systematic and/or continued, unwanted and annoying actions which serve no legitimate purpose, causing substantial emotional distress.

[h] Acts executed by State actors.

Annex II

Number of United Nations civilian personnel affected by security incidents in 2010, 2011, 2012 and 2013

Category of security incident	*2010*	*2011*	*2012*	*2013*
Loss of life as a result of acts of violence	5	26	20	18
Loss of life as a result of safety-related incidents	19	44	15	10
Injury as a result of acts of violence	68	145	112	82
Injury as a result of safety-related incidents	164	166	209	144
Abduction of personnel	12	21	31	17
Robbery of personnel	239	417	408	314
Residence break-in	35	20	31	23
Aggravated assault of personnel	64	31	44	35
Sexual assault of personnel	9	6	4	4
Burglary of residence of personnel	385	418	493	322
Intimidation of personnel	210	224	209	81
Harassment of personnel	17	46	52	28
Arrest and detention of personnel	211	195	165	138
Total	**1 438**	**1 759**	**1 793**	**1 216**

Annex III

Number of United Nations civilian personnel affected by security incidents in the first six months of 2011, 2012, 2013 and 2014

Category of security incident	*First six months of 2011*	*First six months of 2012*	*First six months of 2013*	*First six months of 2014*
Loss of life as a result of acts of violence	9	7	11	10
Loss of life as a result of safety-related incidents	33	10	8	6
Injury as a result of acts of violence	46	42	68	21
Injury as a result of safety-related incidents	73	95	120	50
Abduction of personnel	14	25	15	9
Robbery of personnel	204	257	251	64
Residence break-in	19	12	15	23
Aggravated assault of personnel	17	20	22	36
Sexual assault of personnel	7	2	1	–
Burglary of residence of personnel	234	279	277	70
Intimidation of personnel	135	134	64	46
Harassment of personnel	8	34	18	10
Arrest and detention of personnel	118	116	57	41
Total	**917**	**1 033**	**927**	**386**

Annex IV

Critical security incidents affecting personnel of non-governmental organization implementing partners of the United Nations in the period from 1 January 2013 to 30 June 2014 (as reported to the Department of Safety and Security)

Category of security incident affecting NGO implementing partners	*Number of personnel affected*
Loss of life as a result of acts of violence	44
Abduction of personnel	99
Other critical incidents	90
Total	**233**

Annex V

Number of personnel of the United Nations Relief and Works Agency for Palestine Refugees in the Near East affected by critical security incidents from 1 January 2013 to 30 June 2014

Category of security incident affecting UNRWA area staff	*Number of staff affected in 2013*	*Number of staff affected in 2014*
Loss of life as a result of acts of violence	10	3
Injury as a result of violence	15	6
Abduction of area staff	3	1
Missing area staff	12	–
Arrest and detention of area staff	43	25
Total	**83**	**35**

Annex VI

Figure I

Distribution between headquarters and field locations of personnel deployed and personnel affected by security incidents worldwide (2013 and 2012)

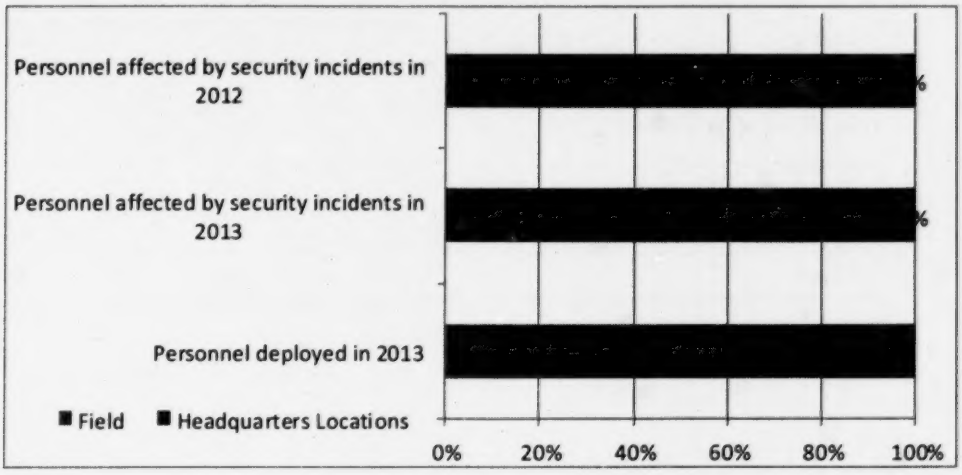


Figure II

Personnel killed by violence (2005-2013)

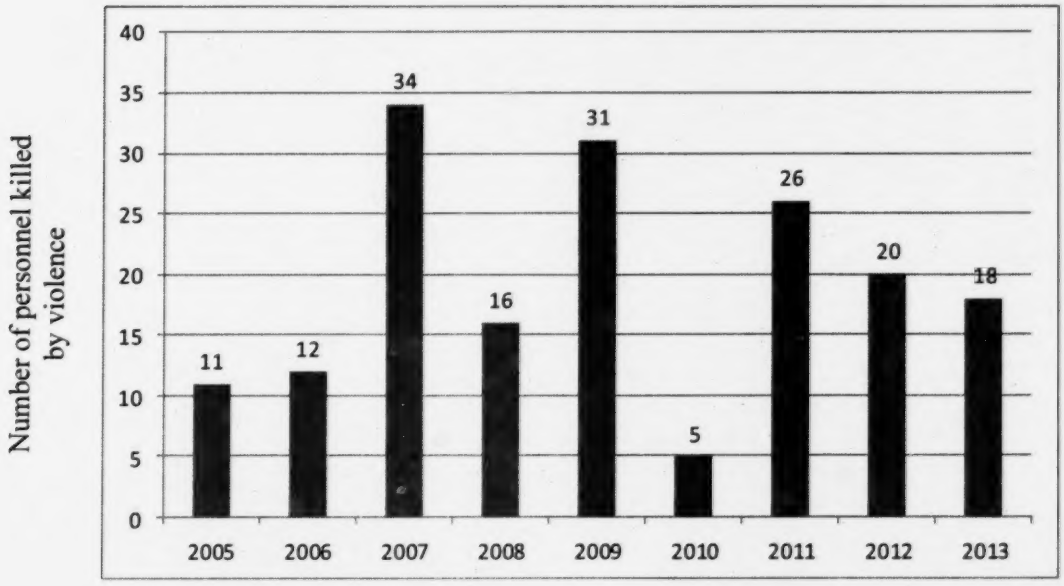


Figure III
Number of United Nations personnel affected by types of security incident (2012 and 2013)

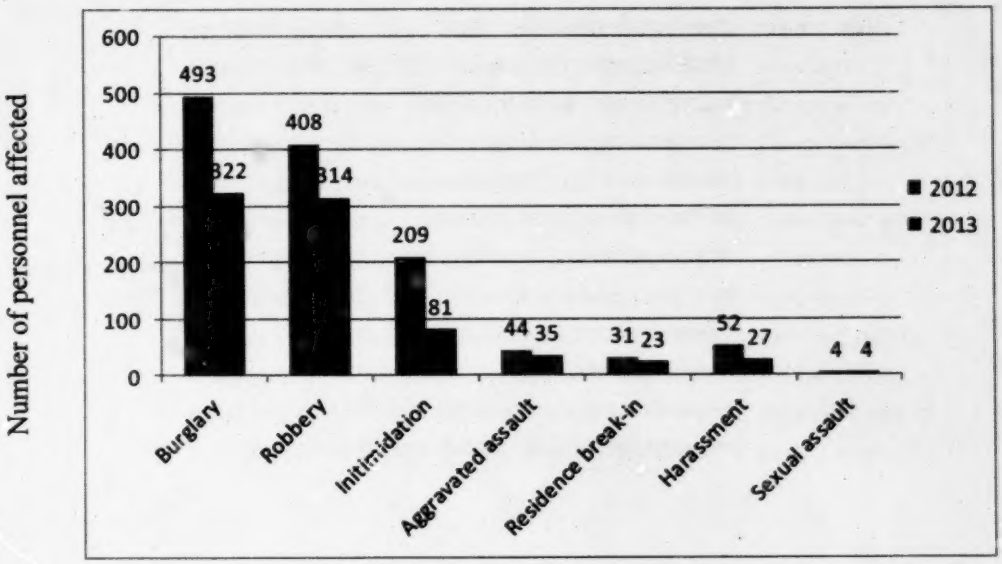


Figure IV
Violence versus safety-related incidents (2012 and 2013)

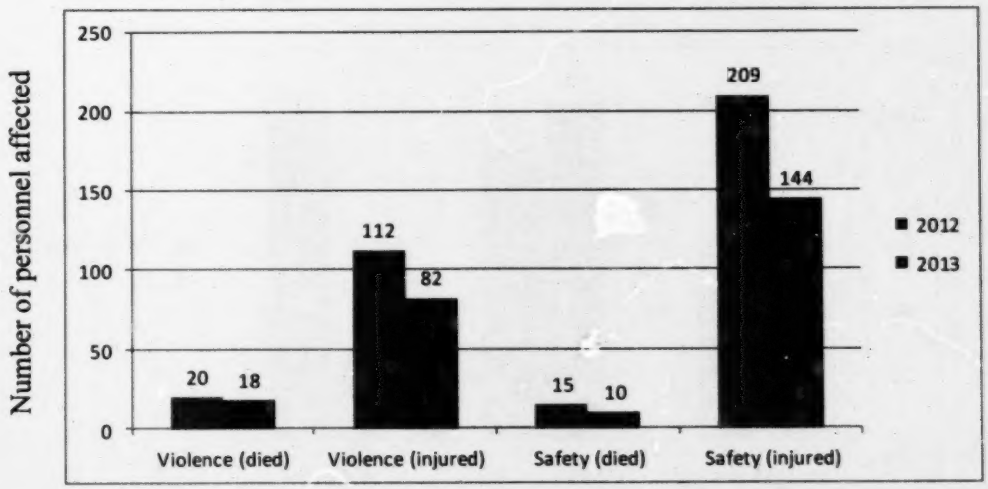


Figure V
Internationally and locally recruited personnel involved in security incidents (2013)

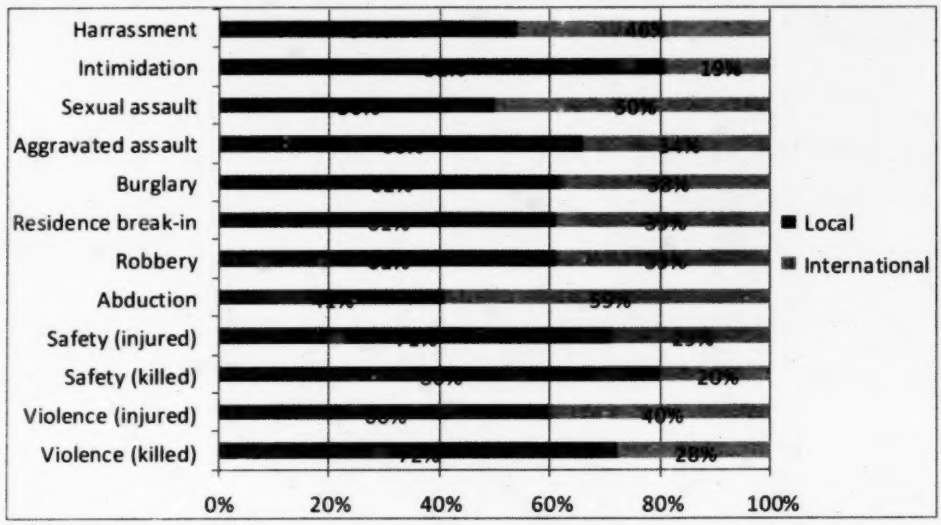


Figure VI
United Nations versus non-governmental organization implementing partner personnel affected by significant security incidents in the period from 1 January 2013 to 30 June 2014

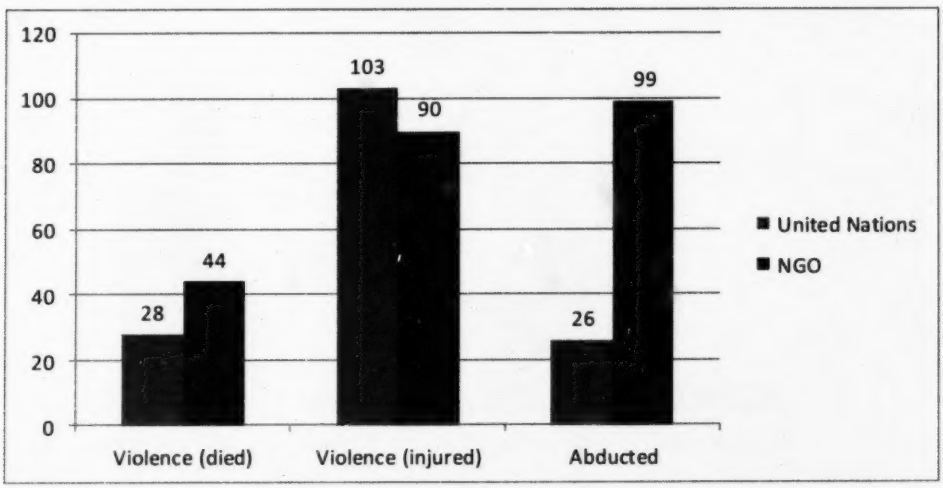
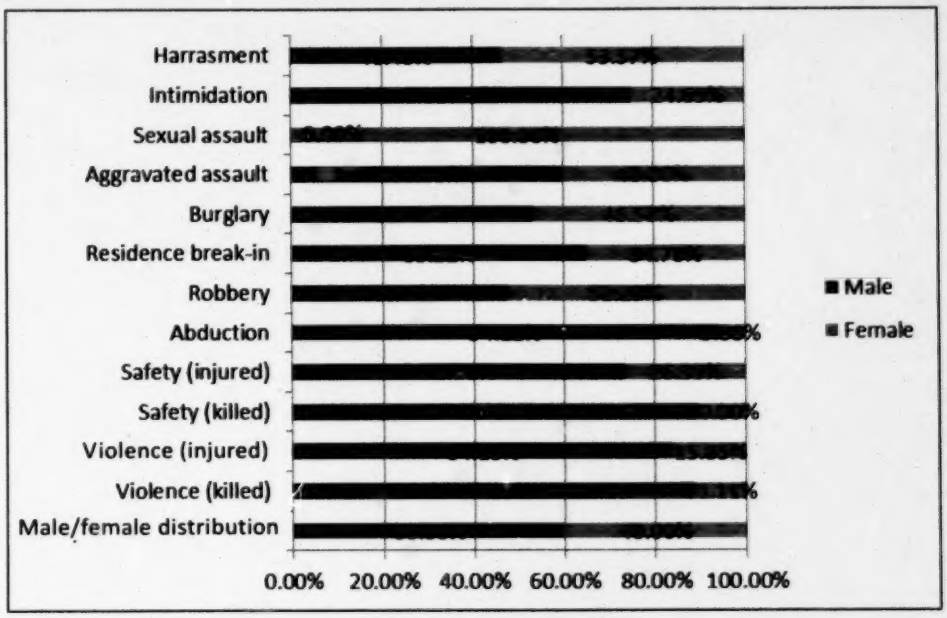


Figure VII
Female and male personnel affected by security incidents (2013)



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General debate

Letter dated 25 September 2014 from the Permanent Representative of the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the President of the General Assembly

I have the honour to enclose herewith the text of a written statement of the delegation of the United Kingdom in exercise of the right of reply to the remarks made by the President of the Argentine Republic, Cristina Fernández de Kirchner, on 24 September 2014 to the General Assembly (see annex).

I should be most grateful if you would arrange to have the text of the present letter and its annex circulated as a document of the General Assembly, under agenda item 8.

(*Signed*) Mark **Lyall Grant**
Ambassador
Permanent Representative

14-61745 (E) 021014

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Annex to the letter dated 25 September 2014 from the Permanent Representative of the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the President of the General Assembly

Statement of the delegation of the United Kingdom of Great Britain and Northern Ireland in exercise of the right of reply to the remarks made by the President of the Argentine Republic in the general debate on 24 September 2014

The United Kingdom has no doubt about its sovereignty over the Falkland Islands and the surrounding maritime areas.

The United Kingdom attaches great importance to the principle and right of self-determination as set out in Article 1.2 of the Charter of the United Nations, which underpins all United Nations resolutions, and article 1 of the International Covenant on Civil and Political Rights. That principle underlies our position on the Falkland Islands. There can be no negotiations on the sovereignty of the Falkland Islands unless and until such time as the Islanders so wish.

In March 2013, the Falkland Islanders categorically made their wishes known to the international community when 99.8 per cent of the 92 per cent of the electorate which voted, decided in a referendum to maintain their current political relationship with the United Kingdom. Argentina should respect those wishes.

United Nations A/69/408

General Assembly

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30 September 2014

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Sixty-ninth session
Agenda item 132
Programme budget for the biennium 2014-2015

United Nations Mission for Ebola Emergency Response and the Office of the Special Envoy on Ebola

Report of the Advisory Committee on Administrative and Budgetary Questions

1. The Advisory Committee on Administrative and Budgetary Questions has considered the report of the Secretary-General on the United Nations Mission for Ebola Emergency Response (UNMEER) and the Office of the Special Envoy on Ebola (A/69/404). During its consideration of the report, the Committee met representatives of the Secretary-General, who provided additional information and clarification, concluding with written responses received on 30 September 2014.

2. The Mission was established by the Secretary-General following the adoption of General Assembly resolution 69/1 and on the basis of the identical letters dated 17 September 2014 from the Secretary-General addressed to the President of the General Assembly and the President of the Security Council (A/69/389-S/2014/679). In its resolution 69/1, the General Assembly, inter alia, welcomed the intention of the Secretary-General to establish UNMEER and requested him to take such measures as might be necessary for the prompt execution of his intention and to submit a detailed report thereon for consideration by the Assembly at its sixty-ninth session. The Advisory Committee was informed that it was the intention of the Secretary-General to submit a detailed budget for UNMEER by the third week of November 2014. Pending such submission, in his report the Secretary-General requests the Assembly to approve the estimated preliminary resource requirements of UNMEER and the Office of the Special Envoy on Ebola for the period from 19 September to 31 December 2014 and to authorize him to enter into commitments in an amount not exceeding $49,943,600.

3. The Advisory Committee was provided with some background information on the evolution of the situation leading to the establishment of the Mission. The outbreak of Ebola haemorrhagic fever started in Guinea in March 2014 and subsequently spread to Sierra Leone and Liberia. On 8 August, the World Health Organization (WHO) declared the Ebola outbreak in West Africa to be a public health emergency of international concern and emergency plans of action for

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preparedness were launched to prevent the outbreak from spreading to neighbouring countries. On 12 August, the Secretary-General appointed a United Nations coordinator on Ebola to provide overall strategic direction and to assist Governments in the region in responding to the crisis. The Ebola virus disease continued to spread at an exponential rate, however, with the number of cases doubling approximately every three weeks and a high rate of mortality. On 28 August, WHO issued an Ebola response road map[1] setting out the goal, context, priority activities, major issues in operationalizing the road map, major roles and responsibilities, the monitoring and evaluation framework and estimated costs. As already mentioned, in mid-September the Secretary-General wrote a letter to the President of the General Assembly and the President of the Security Council, in which he stated that the Ebola crisis was no longer just a public health crisis but had become multidimensional, with significant social, economic, humanitarian, logistical and security dimensions.

4. The Secretary-General indicates that the planning process for the deployment of the Mission is under way and is being coordinated across Secretariat departments and partners of the United Nations system, including with the Director General of WHO and the Special Envoy on Ebola. The framework for the deployment of the Mission continues to evolve, and the assumptions underlying the staffing and operational requirements will be refined as engagement with the international community continues. The Secretary-General indicates that the immediate focus of the Mission will be to provide overall coordination and strategic guidance to the efforts of the United Nations country teams in support of the Ebola crisis, and to fill gaps where needed.

5. The Advisory Committee was informed that, in the light of the rapid spread of the disease, highest priority had been given to establishing initial capability on the ground in the countries concerned following the establishment of the Mission on 19 September 2014. Because of the urgent nature of the requirement, as well as the ongoing planning process, the Secretariat had been unable to conduct a thorough analysis and provide full details in support of the request for resources.

6. The Advisory Committee will examine the proposed organizational structure, working modalities and staffing and operational resource requirements of the Mission when it considers the detailed budget submission. On the basis of its exchange with the Special Representative of the Secretary-General and Head of UNMEER and the written responses provided by the Secretariat, in the paragraphs below the Committee makes observations and recommendations that should be taken into account by the Secretary-General.

Mandate and expected results

7. The Advisory Committee was informed that the Mission will pursue five strategic priorities: stop the spread of the disease, treat the infected, ensure essential services, preserve stability and prevent the spread of the disease to countries currently unaffected. It will work with other partners, including Member States, Governments and national structures in the affected countries, regional and international actors such as the African Union and the Economic Community of West African States, the private sector and civil society, including non-governmental

[1] See www.who.int/csr/resources/publications/ebola/response-roadmap/en/.

organizations, as well as the specialized agencies, the funds and programmes and other entities of the United Nations system already on the ground.

8. The Advisory Committee was also informed that the Mission will draw upon the support of the existing United Nations presence in the area, relying on the technical capabilities and expertise of WHO, the resources of the World Bank and the International Monetary Fund, and the situational awareness and other capacities of United Nations agencies, funds and programmes and the United Nations Mission in Liberia. In this connection, the Committee was further informed that UNMEER was already working with other United Nations entities with existing capabilities on the ground, including the Office for the Coordination of Humanitarian Affairs, WHO, the World Food Programme and the United Nations Children's Fund. The Secretary-General indicates that the Special Envoy on Ebola will continue to represent the United Nations system and provide overarching strategic leadership, coordination and guidance, including through consultations with Member States and other stakeholders, as well as lead international efforts to mobilize and sustain the necessary political will and strategic resources.

9. The Advisory Committee was informed that UNMEER was the first United Nations emergency health mission to have been established by the United Nations, and that the Secretary-General had emphasized to the heads of the specialized agencies, funds and programmes and Secretariat departments the need for them to work together to achieve the objectives of the Mission. **The Advisory Committee emphasizes the need for close coordination and cooperation among all partners in order to ensure the effective and efficient operation of the Mission. Given the involvement of multiple senior officials in leadership roles, the Committee stresses the need to ensure overall coherence in the execution of the mandate of the Mission. The Committee recommends that the General Assembly request the Secretary-General to ensure that every effort is made to sustain close coordination and a coherent approach at the operational level.**

10. **Given the large number and wide range of entities and partners involved in the effort to combat Ebola, and given also the unprecedented nature of the Mission, the Advisory Committee recommends that the General Assembly request the Secretary-General to provide, in the detailed budget submission, comprehensive information on the response of the United Nations system and the specific functions and tasks of UNMEER and of other partners, as well as on the lines of accountability and responsibility.**

11. The Advisory Committee has been informed that WHO and the Special Envoy on Ebola were responsible for setting the strategy for combating Ebola and defining the operational response targets required to halt the growth in transmission.[2] In this connection, the Committee recalls that, in the identical letters addressed to the President of the General Assembly and the President of the Security Council (A/69/389-S/2014/679), the Secretary-General indicated that the Mission would exist only as long as was necessary to stem the crisis. **The Advisory Committee recommends that the General Assembly request the Secretary-General to specify, in his detailed budget submission, the operational targets of the**

[2] To halt the growth in the spread of the Ebola virus and in transmission, WHO has defined the initial operational target as the implementation of a plan whereby 70 per cent of Ebola-infected persons are treated and 70 per cent of the bodies of persons having died as a result of Ebola infection are buried safely within 60 days.

Mission, as well as the benchmarks, indicators of achievement and expected time frames for the success of the Mission.

Mission profile and staffing

12. The Secretary-General indicates his intention to establish 283 general temporary assistance-funded positions comprising the following: 1 position of Special Envoy on Ebola at the level of Under-Secretary-General; 93 positions based at the Mission headquarters in Accra, including a special representative at the level of Under-Secretary-General; 52 positions for each of the country crisis response teams based in the three affected countries (Guinea, Liberia and Sierra Leone), each led by an Ebola crisis manager at the level of Assistant Secretary-General; 7 positions for the Regional Service Centre at Entebbe, Uganda, for backstopping; 6 positions based in New York for Member State liaison, engagement and reporting; and 20 positions for backstopping at Headquarters.

13. The Advisory Committee will examine the proposed organizational structure, the working modalities and the staffing and operational resource requirements of the Mission in the context of its consideration of the detailed budget submission. **Based on its initial review of the preliminary proposals of the Secretary-General for the staffing of UNMEER, the Advisory Committee emphasizes the need for a rigorous assessment of the envisaged structure and staffing. It also emphasizes the need to ensure that the grade levels of the proposed positions are closely aligned with their respective functions and responsibilities. The Committee recommends that the General Assembly request the Secretary-General to present a structure that is justified by the specific functions of the Mission and the totality of available capacities, including those of other United Nations system entities and partners involved in this effort, and that ensures coherence with existing structures on the ground.**

14. **Given the need for the rapid deployment of personnel, the Advisory Committee is of the view that the Mission should continue to use personnel on short-term loan in the initial period until there is greater clarity on the effective lifespan of the Mission. The Committee emphasizes the need for strict compliance with the Staff Rules and Regulations of the United Nations, including those on the recruitment of staff, and recommends that the General Assembly request the Secretary-General to provide details on the recruitment of staff in his detailed budget submission.**

Non-post resources

15. A summary of the estimated preliminary resource requirements is provided in annex I to the report of the Secretary-General. The proposed requirements for non-post resources amount to $44,282,100, comprising: $2,500,000 under official travel; $3,980,000 under facilities and infrastructure; $3,530,400 under ground transportation; $9,071,700 under air transportation; $1,975,000 under communications; $575,000 under information technology; $5,150,000 under medical; and $17,500,000 under other supplies, services and equipment. **The Advisory Committee recommends that the General Assembly request the Secretary-General to provide detailed justifications for non-post categories of expenditure in the detailed budget submission, taking into account the total**

resources made available through the multi-partner trust fund, as well as by Member States and other partners, including any in-kind contributions.

Budgetary arrangements

16. The Advisory Committee notes that, in the oral statement that he made to the General Assembly on 19 September 2014 on the draft resolution on measures to contain and combat the recent Ebola outbreak in West Africa, the Secretary-General did not provide details on estimates of expenditure nor on the programme budget implications of the draft resolution before its adoption. The Committee was informed that, since the adoption of the resolution, the Secretary-General has committed a sum of $2 million under the provision contained in paragraph 1 (a) of Assembly resolution 68/249 on unforeseen and extraordinary expenses for the biennium 2014-2015. The Committee will revert to the question of the budgetary mechanism used for such requests at the time of its consideration of the detailed budget submission.

17. In paragraph 4 of his report, the Secretary-General indicates that the Mission and the Office of the Special Envoy on Ebola would be incorporated into section 27, Humanitarian assistance, of the programme budget for the biennium 2014-2015, given the thematic nature of the emergency response. It is also proposed that, as a field mission, UNMEER be supported mainly by the Department of Field Support and the Department of Management, as well as the Regional Service Centre at Entebbe. During its exchange with representatives of the Secretary-General, the Advisory Committee was informed that the Secretariat had considered various budgetary arrangements for UNMEER that would affect where the Mission should be placed within the regular budget, including options for its establishment as a special political mission. **The Advisory Committee recommends that the General Assembly request the Secretary-General to elaborate further on the rationale for the proposed budgetary arrangements for UNMEER and possible alternative options in the context of his detailed budget submission.**

Resources and expenditure

18. The Secretary-General indicates that a multi-partner trust fund has been established to channel human, material, logistical and financial resources from Member States and other stakeholders to the operational response. The Advisory Committee notes that the level of resources made available to the multi-partner trust fund will have a significant impact on the operations of the Mission and the volume of activities that it can carry out, as well as on the scale of resources to be provided by the United Nations to fill gaps and, consequently, on the budget of UNMEER. **The Advisory Committee recommends that the General Assembly request the Secretary-General to make every effort to seek contributions to the multi-partner trust fund.**

19. Similarly, the resource requirements and activities of the Mission will be affected by the level of direct resources made available to support United Nations system entities and other partners, including Member States, the Governments and national structures of the affected countries, regional and international actors such as the African Union and the Economic Community of West African States, the private sector and civil society, including non-governmental organizations.

20. The Advisory Committee recommends that the General Assembly request the Secretary-General to provide in the detailed budget submission, in addition to the resource requirements of the Mission, information on the totality of the expected resources by funding source, in a manner similar to the presentation of other assessed and extrabudgetary resources in the submission of individual sections of the biennial proposed programme budget.

21. Furthermore, given the large number of partners and sources of funding, the Advisory Committee recommends that the General Assembly request the Secretary-General to maintain, with immediate effect, a system of detailed and robust accounting and proper attribution of all expenditure incurred by activity, funding source and categories and objects of expenditure, and to report thereon in the context of the detailed budget submission. Given the field-based nature of UNMEER, the Committee expects that it will use the enterprise resource planning system (Umoja) that was recently implemented in peacekeeping and special political missions, which should enable a sufficient level of detail for reporting purposes.

22. While noting the need for agility and speed on the part of the Organization to address this unique challenge, the Advisory Committee stresses the need for compliance with all existing rules and regulations, the International Public Sector Accounting Standards and established procedures of the United Nations.

Conclusion and recommendations

23. The Advisory Committee recommends that the General Assembly authorize the Secretary-General to enter into commitments in an amount not exceeding $49,943,600 for the requirements of the Mission for the period from 19 September to 31 December 2014 pending the submission of a detailed budget during the latter part of the main part of its sixty-ninth session.

24. The Advisory Committee emphasizes that the above recommendation for funding is made without prejudice to any recommendation that it may make to the General Assembly when it considers the detailed budget submission for the Mission or any decision that the Assembly might take thereon with regard to the organizational structure of the Mission, its staffing and operational requirements.

25. The Advisory Committee also emphasizes that the above recommendation does not prejudge the position that it may take on similar requests regarding other missions that may be submitted in the future.

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Agenda item 8
General debate

Letter dated 24 September 2014 from the Permanent Representative of Chile to the United Nations addressed to the President of the General Assembly

I have the honour to transmit herewith a written statement from the delegation of Chile (see annex) in exercise of the right of reply to the statement made on 24 September 2014 by the President of the Plurinational State of Bolivia, Evo Morales, at the sixty-ninth session of the General Assembly. I should be grateful if the present letter and its annex could be circulated as a document of the General Assembly.

(*Signed*) Cristián **Barros**
Ambassador
Permanent Representative

14-61863 (E) 300914 011014

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Annex to the letter dated 24 September 2014 from the Permanent Representative of Chile to the United Nations addressed to the President of the General Assembly

Reply of Chile to the statement made on 24 September 2014 by the President of the Plurinational State of Bolivia, Evo Morales, at the sixty-ninth session of the General Assembly

In his statement at the sixty-ninth session of the General Assembly, the President of the Plurinational State of Bolivia referred to the bilateral relations with Chile and his aspiration to gain sovereign access to the Pacific Ocean through Chilean territory.

In exercise of the right of reply to that statement, my delegation would like to clarify that Chile and Bolivia established their definitive borders in the 1904 Treaty of Peace and Friendship and that no territorial or border issues are pending. This Treaty was freely signed 24 years after the end of the conflict that took place between the two countries in the nineteenth century, was ratified by the parliaments of both countries, and established rights and obligations for both parties which have been respected and implemented by both States for over a century.

Under the Treaty of Peace and Friendship and legal instruments signed subsequently, Bolivia currently enjoys free transit through Chilean territory and ports on the Pacific, with customs autonomy, preferential tariffs, storage facilities, tax exemptions and free passage along all routes connected with Chilean ports, which ensure Bolivia's access to the Pacific Ocean under even more favourable conditions than those granted to Chilean or third-country nationals.

Despite the facilities, privileges and rights that Chile provides in its territory, on 24 April 2013 the Plurinational State of Bolivia filed an application with the International Court of Justice, requesting that Chile be obliged to negotiate the provision of a sovereign access to the Pacific Ocean through Chilean territory and citing the existence of negotiations on this matter as a source of this alleged obligation.

The Government of Chile, in compliance with international treaties and in exercise of the provisions made in the Rules of the International Court of Justice, decided to submit a preliminary objection to jurisdiction, a matter which is now pending resolution by the Court.

Without entering into the substance of the dispute, as it was filed with the International Court of Justice and this is not the competent forum, the Bolivian presentation of the facts seeks to disregard the provisions of the 1904 Treaty of Peace and Friendship, which have governed bilateral relations between the two countries for over a century. It is not an invitation to dialogue, as claimed by President Morales before this Assembly, but an unfriendly claim filed against the State of Chile and seeking to oblige Chile ultimately to cede sovereign territory in favour of the Plurinational State of Bolivia.

The Government of Chile reiterates its commitment to full compliance with the norms and principles of international law and existing international treaties, in particular the 1904 Treaty of Peace and Friendship, and also with the peaceful

settlement of disputes in accordance with the provisions of the Charter of the United Nations, under the principle of the free choice of means of settlement.

Chile regrets that the delegation of Bolivia persists in seeking to bring matters of a strictly bilateral nature before this forum, especially since these matters are under consideration by the main judicial body of the United Nations, and thereby distracting the General Assembly from dealing with matters for which it does have responsibility under the Charter of the United Nations.

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Agenda item 15
The role of the United Nations in promoting a new global human order

The role of the United Nations in promoting a new global human order

Report of the Secretary-General

Summary

The present report on the role of the United Nations in promoting a new global human order is submitted in response to General Assembly resolution 67/230. It discusses progress in human well-being, with attention to poverty, employment and social integration, and the significance of inequality in the global development agenda. Paying particular attention to the ongoing deliberations of the post-2015 development agenda and the sustainable development goals, the report notes the work of the United Nations system and other actors in taking better account of inequality and its impacts on human well-being, and concludes with a set of recommendations for promoting the new global human order within the post-2015 sustainable development framework.

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I. Introduction

1. In its resolution 55/48, the General Assembly took note of the Declaration of the South Summit, adopted in Havana on 14 April 2000, which addressed the need for a new global human order aimed at reversing the growing disparities between rich and poor both among and within countries through the promotion of growth with equity, the eradication of poverty, the expansion of productive employment and the promotion of gender equality and social integration. This call echoed clearly the outcomes of the 1995 World Summit for Social Development, the Millennium Summit and other development conferences of the time. Those events marked a growing recognition that the focus and dynamics of international development and cooperation would need to shift if development was to move forward in an equitable way that ensured peace, security and stability and gave all peoples the fairest chance of realizing their full development potential. The Assembly has since undertaken periodic reviews of the role of the United Nations in promoting a new global human order, issuing resolutions on the topic in its fifty-seventh, sixty-second and sixty-seventh sessions.

2. The outcome document of the World Summit, the Copenhagen Declaration and Programme of Action, gave particular attention to the structure and influence of international cooperation on development. The Summit launched a commitment to a new era of international cooperation between Governments and peoples based on a spirit of partnership that puts the needs, rights and aspirations of people at the centre of decisions and joint actions. The concept of a new global human order hinges on this premise. It is about making equitable and inclusive improvements in human well-being and establishing a cooperative and integrated approach to achieving this in a fair and balanced manner.

3. In discussing the role of the United Nations in promoting a new global human order, the present report reviews progress since the 1990s in achieving more equitable level of human well-being, paying particular attention to the objectives of eradicating poverty, expanding productive employment, promoting gender equality and social integration and promoting growth with equity. It assesses the achievement of these objectives through an examination of the progress towards internationally agreed commitments and goals, paying particular attention to the Millennium Development Goals. It also presents a brief assessment of the challenges to human progress posed by inequality among and within countries. The report concludes with a set of recommendations for strengthening the promotion of a new global human order at the national and international levels.

II. Success and challenges in promoting a new global human order

4. The world has seen much social and economic progress in the years since the World Summit for Social Development, held in 1995, and the South Summit, held in 2000, particularly in the areas of poverty eradication and gender equality. At a global level, the world has achieved its goal of halving, by 2015, the 1990 poverty rate. In fact, it is estimated that the target for the global poverty rate was reached five years early, with a poverty rate of 22 per cent in 2010.[1] Similarly, women and

[1] United Nations, *Millennium Development Goals Report 2014* (New York).

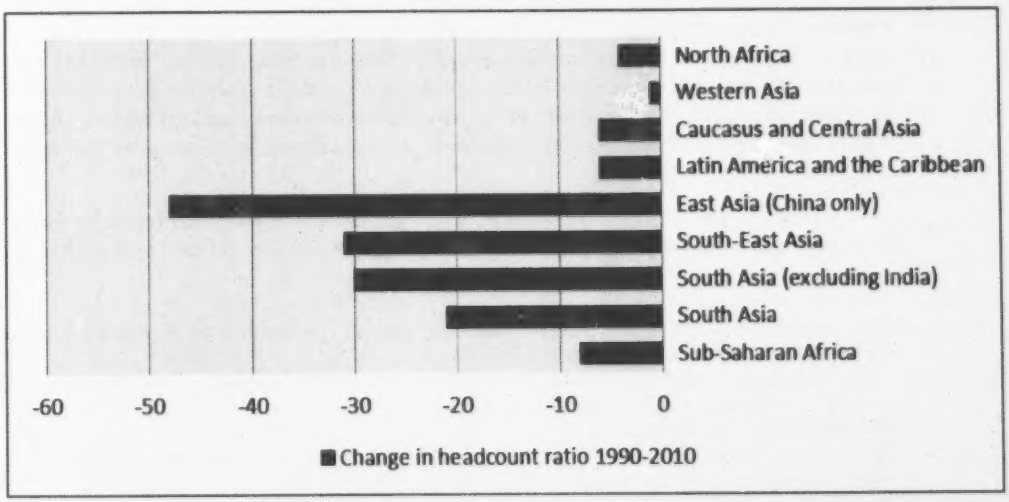
girls have been drawing progressively closer to parity in access to education at all levels, as well as in employment opportunities and decision-making power.

5. However, progress in both poverty eradication and gender equality has been quite varied, and significant disparities remain. In the area of employment, progress was stymied by the impact of and slow recovery from the 2008 global financial and economic crisis. While the employment crisis affected developed countries more directly than other countries, the impact on the global marketplace was not negligible. Similarly, progress towards equitable growth and social integration has been mixed, with the reality and perception of rising inequality threatening social and economic stability in many parts of the world.

A. Eradicating poverty

6. Recent efforts to eradicate poverty at the international level have been focused on the first target of the first of the Millennium Development Goals, namely, to halve, between 1990 and 2015, the proportion of people whose income is less than $1.25 per day. At the global level, this target has been achieved, and all developing regions have contributed to its achievement. East and South-East Asia have led the way, with China alone reducing its poverty rate by 48 per cent, from 60 per cent to 12 per cent, between 1990 and 2010 (see figure I).[1] Using World Bank regional groupings, projections to 2015 anticipate continued progress in all regions except the Middle East and North Africa, the latter of which is expected to see a slight decline in its poverty rate in 2015 to 2.6 per cent, from 2.41 per cent in 2010. Accelerated progress is anticipated for both South Asia and sub-Saharan Africa.[2]

Figure I
Percentage change in poverty headcount ratio 1990-2010



Source: *Millennium Development Goals Report 2014*.

[2] World Bank, PovcalNet database (http://iresearch.worldbank.org/PovcalNet).

7. There has also been a notable regional concentration of progress in reducing the number of people living in poverty. Approximately 1.2 billion people live in extreme poverty, the vast majority of whom continue to live in the world's most populous regions: East Asia and the Pacific, South Asia and sub-Saharan Africa. East Asia and the Pacific accounted for around 67 per cent of the decrease from 1999 to 2010 in the number of people in developing regions living on less than $1.25 per day.[2] This has left South Asia and sub-Saharan Africa accounting for an even greater and more disproportionate share of the poor in the developing world.[3] While the proportion of the world's poor in developing regions living in East Asia and the Pacific decreased from 38 per cent in 1999 to 20 per cent in 2010, in South Asia and sub-Saharan Africa, the proportion increased from 22 per cent to 34 per cent and from 36 per cent to 42 per cent, respectively.[2] Fuelled by greater reductions in India, South Asia is set to take the lead in reducing aggregate poverty over the next 5 to 10 years, before slowing down again, followed in turn by sub-Saharan Africa. However, acceleration of the rate of reduction of poverty in sub-Saharan Africa is expected to be much more modest.[4]

8. These regional patterns are very much influenced by country-level progress and situations. Around 85 per cent of people living in extreme poverty live in just 20 countries.[5] In 2010, five countries accounted for 65 per cent of the world's poor living below $1.25 per day. India alone accounted for one third of the global population of people living in extreme poverty, followed by China at 13 per cent, Nigeria at 9 per cent and Bangladesh and the Democratic Republic of the Congo at 5 per cent each.[1] In the regions and countries with the greatest reductions in poverty, positive and productive growth has been a major contributing factor. Of those five countries, the top three, India, China and Nigeria, have experienced such significant economic growth that they each reached middle-income status by 2010. This means that the vast majority of the world's poor no longer live in the world's poorest countries.

9. This reality should not, however, detract from the plight of the low-income countries facing the highest poverty rates. For many of those countries, most of them in sub-Saharan Africa, conflict, fragility and instability hamper prospects for progress. An estimated one third of the world's poor lives in countries faced with the combined challenges of conflict or post-conflict situations and political, social and/or economic instability, and this share is expected to increase over the next 20 to 30 years.[4]

10. While the poverty rate for middle- and high-income States[6] has fallen by more than half since 1981, poverty for low-income countries has fallen by less than a

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[3] According to PovcalNet, in 2010, 14 per cent of the population in the developing regions lived in sub-Saharan Africa and 28 per cent in South Asia.

[4] Laurence Chandy, Natasha Ledlie and Veronika Penciakova, "The final countdown: prospects for ending extreme poverty by 2030", in *Global Views: Policy Paper 2013-04* (Washington, D.C., Brookings Institution, 2013).

[5] United States Agency for International Development, "Getting to zero: a discussion paper on ending extreme poverty" (Washington, D.C., 2013).

[6] The middle-income countries are the 86 countries with gross national income per capita between $1,046 and $12,745, a range set by the World Bank. They account for just under half of the world's population and are home to one third of people across the globe living on less than $2 per day. A high-income economy is defined by the World Bank as a country with a gross national income per capita above $12,746 in 2013. Income levels are calculated using the Atlas method, a three-year average exchange rate adjusted by inflation.

third. Similarly, while the total additional income needed to eradicate poverty has declined by more than 50 per cent since 1981, in low-income countries it has increased by 33 per cent, an increase driven by growing numbers of the poor as well as stagnant average income among people living in poverty. In addition, by 2010, 44 per cent of persons in low-income countries lived in extreme poverty, more than double the average rate of 21 per cent for developing countries.[7]

11. The varying shifts and the persistence of the economic and geographic contexts of global poverty have made it more evident that poverty is as much a problem of distribution and exclusion as it is a problem of scarcity. For example, in India and Nigeria, both middle-income countries with thriving economies, the poverty rates in 2010 were 60 per cent and 68 per cent, respectively.[2] In addition, while the average distance from the poverty line of the world's extreme poor has decreased by 25 per cent over the past 30 years, most of this change has occurred in China and India, leaving the average income of the poor relatively unchanged in other parts of the developing world.[7] With this paradox of progress and stagnation has come growing recognition that any efforts to address poverty must go beyond monitoring its symptoms to rooting out its causes. This requires basing poverty eradication strategies on the broader understanding of poverty, evoked at the World Summit for Social Development, in which poverty is understood as a multidimensional concept encompassing the intersecting manifestations of social, economic and civic deprivations and injustice.

12. Within the United Nations system, this multidimensional understanding of poverty is being promoted increasingly, as are multi-pronged strategies for poverty eradication. For example, in the past five years, the *Report of the World Social Situation* and the *Human Development Report*, both produced by the United Nations, have encouraged a multidimensional approach to poverty eradication, giving attention to strengthening opportunities for individuals to build their capabilities through access to and effective use of basic social services, such as education and health care, and through decent work and income security, resulting in reduced vulnerability and social exclusion. This approach, focused on capabilities and empowerment, has been endorsed repeatedly in intergovernmental processes.

B. Expanding productive employment

13. Jobs of high quality are important for ensuring fair and balanced progress in the improvement of human well-being. Within the United Nations system, the implementation of the Second United Nations Decade for the Eradication of Poverty (2008-2017), with its focus on full employment and decent work for all, has helped to promote this understanding and generate positive action for improving employment prospects and labour force dynamics across the globe.

14. Experience has shown that economic growth will bring few people-centred returns without attention to opportunities for employment and decent work for all. Over the past decade, developing countries with the greatest declines in vulnerable employment and in poverty among the working poor in the early 2000s saw more

[7] Pedro Olinto, Kathleen Beegle, Carlos Sobrado and Hiroki Uematsu, "The state of the poor: where are the poor, where is extreme poverty harder to end, and what is the current profile of the world's poor?" *Economic Premise*, No. 125 (Washington, D.C., World Bank, October 2013).

improvement in annual per capita income than developing countries with less improvement in job quality. On a related note, the creation of decent, adequately remunerated work has proven to be a requisite for sustainable poverty reduction.[8]

15. Over the past two decades, employment in developing countries has increased at nearly double the rate of that in developed countries, corresponding to a similar rate of growth in the working-age population. However, many of the added jobs are informal and vulnerable, owing to the poverty and lack of social protection that force people in developing countries to engage in any remunerative work that they can find. As a result, informal and vulnerable work, while declining, continues to be a significant feature of the employment dynamics in developing countries.

16. In the wake of the global financial and economic crisis, progress in reducing the number of the working poor has slowed in South-East Asia, Latin America and the Caribbean, Central and South-Eastern Europe and the Commonwealth of Independent States, and the has continued to grow in sub-Saharan Africa. Similarly, the number of people in vulnerable employment has been growing at rates well above pre-crisis levels, and informal employment remains prevalent.[9]

17. The extent of vulnerable and informal work has contributed to slowing improvements in labour productivity, making it difficult to close the productivity gap between developed and developing countries. For example, despite comparatively impressive productivity gains in East Asia, at current rates it would take around 19 years for East Asia to reach the same level of labour productivity as in developed countries today. South Asia and South-East Asia would not reach similar rates until 2055 and 2071, respectively.[8] Ensuring balanced progress in human well-being can play an important role in curbing these trends, particularly through investments in education and skills development.

18. Despite these persistent challenges to the expansion of productive employment in developing countries, some positive transformations have occurred. One such transformation is the growing proportion of middle-class workers in developing regions. Today, 45 per cent of workers in developing countries are classified as middle class or above (living on more than $4 per day per family member), compared with less than 20 per cent two decades ago.[8]

C. Promoting gender equality and social integration

19. Gender equality and broader social integration remain integral to bringing about a new global human order. The Beijing Declaration and Platform for Action, the outcome of the Fourth World Conference on Women, held in 1995, continues to guide many efforts towards gender equality in national and international policy strategies. While the Platform for Action identified 12 areas of concern, most visible in the international promotion and monitoring of gender equality have been the gender-specific targets and measures of the Millennium Development Goals and the Gender Inequality Index of the United Nations Development Programme (UNDP). In its *Human Development Report 2014*, UNDP introduced the Gender Development Index, which measures the female-to-male ratio of a set of indicators. Together,

[8] International Labour Organization, *World of Work Report 2014: Developing with Jobs* (Geneva, 2014).

[9] Ibid., *Global Employment Trends 2014: Risk of a Jobless Recovery?* (Geneva, 2014).

these measurement tools have focused global attention on three key elements of social well-being for women and girls, namely education, health and employment or income, and have promoted and assessed women's civic participation.

20. While there has been overall progress for both women and men in most aspects of development, large gender gaps persist. For example, in 2012, the employment-to-population ratio for women and men stood at 49 and 62 per cent, respectively, in developed countries, and 46.6 and 74.7 per cent, respectively, in developing countries. For developing countries, the gender gap has, in fact, shown a slight increase in the years since the 2008 global financial and economic crisis.[9] Similarly, despite impressive progress in some regions, women continue to be underrepresented in decision-making. Women held 21 per cent of seats in single-house or lower parliaments in 2013, up from 14 per cent in 2000.[10]

21. Efforts to improve gender equality have been most successful in education. Globally, parity has been achieved in primary school enrolment. All regions have made progress, albeit at different rates. In Western Asia and sub-Saharan North Africa, parity has yet to be met, but all three regions are drawing close, with a gender parity index of 0.93, 0.93 and 0.94, respectively, for primary school enrolment. Significant progress has also been made in improving the access of girls to secondary education. Only Western and South Asia and sub-Saharan Africa have yet to reach parity, with sub-Saharan Africa the farthest behind, with a gender parity index for secondary school enrolment of 0.83.[10]

22. However, as evidenced by the continuing gender gaps in other critical measures of human well-being, translating girls' education gains into other forms of social, economic and political capital has proven difficult. Gender often serves as a compounding disadvantage for women and girls, such as when gender and poverty combine to put poor women and girls at a particularly deep development disadvantage. For example, while poverty has a greater impact on educational attainment than gender alone, poor women aged 15 to 30 have one less year of schooling, on average, than their male counterparts.[7] This discrepancy points to continued social and cultural exclusion and discrimination based on gender.

23. Aside from the promotion of gender equality, the effective promotion and comprehensive assessment of social integration and inclusion has remained somewhat elusive for the global development agenda. At the World Summit for Social Development in 1995, Member States highlighted the importance to people-centred development of strengthening social integration and civil society. Member States resolved to foster stable, safe and just societies based on the promotion and protection of all human rights, as well as on non-discrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security and participation of all people, including disadvantaged and vulnerable groups and persons (see A/CONF.166/9, chap. I, annex I). While this sentiment was reiterated, to some degree, in the Millennium Declaration, it has not been translated into actionable goals or other accountability mechanisms at the international level. The proposed focus on inclusive development fostered in the negotiations on the post-2015 development agenda may help to ensure its inclusion in development planning.

24. Social polarization, high or widening disparities in income and wealth, both within and among nations, the persistent marginalization of social and population

[10] Millennium Development Goals Gender Chart (United Nations, 2014).

groups and even of groups of countries, and the development of organized crime are all features of today's social ethos and symptomatic of compromised social cohesion. Affirmative action, or direct targeted preferential treatment, has been an immediate but controversial way of redressing historic exclusion and systemic vulnerability among social and population groups. However, this method fails to address the underlying social, cultural and political drivers of such exclusion. Affirmative action must therefore be an intermediary tool in a wider arsenal of anti-discrimination policies and legal reform, pro-poor policies, and public awareness campaigns aimed at shifting prevailing attitudes and norms.

D. Promoting growth with equity

25. In the past 10 to 15 years, developing countries have been experiencing relatively high growth rates, surpassing the growth rate of developed countries as a group. For example, between 2005 and 2012, the growth of the gross domestic product (GDP) in developing countries averaged five times the annual growth rate of developed countries.[11] However, progress has been concentrated in a few countries and regions and convergence between the developed and developing countries has been slow. In fact, if one compares the average per capita income of the 15 richest and 15 poorest countries in the world, the gap is greater now than it was 30 years ago, despite some convergence in the period after the 2008 financial crisis (see TD/B/61/7). In absolute terms, the difference in average income between rich and poor countries increased from $18,525 in 1980 to $32,000 in 2010.[12]

26. In addition, with the global economy dominated by finance and revenue-seeking activities, the recent period of global growth has perpetuated some inequities and widened others. For example, the share of the poorest in the additional income generated by the recent accelerated growth is less than their average share in income, and has in fact declined in recent years. On average, for every $100 of additional income, the poorest 20 per cent of the global population receives 70 cents.[12] In most countries, the top income strata have been the top, if not the only, economic beneficiaries of the accelerated growth.

27. Though still recovering from the impact of the global financial and economic crisis, global economic growth is expected to accelerate in 2014 and 2015 to 2.8 and 3.2 per cent, respectively. Developing countries are expected to continue to lead global economic growth, with projected growth rates of between 4.7 and 5.1 per cent.[11] While growth alone has proven insufficient for improving progress in human well-being, it remains a vital part of any effective people-centred development strategy. It is important that growth strategies be informed by the social and environmental dimensions of development in order to achieve equitable and sustainable growth.

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[11] *World Economic Situation and Prospects 2014* (United Nations publication, Sales No. E.14.II.C.2).

[12] *Report of the World Social Situation 2013: Inequality Matters* (United Nations publication, Sales No. 13.IV.2).

E. Inequality as a threat to equitable improvements in human well-being

28. Despite astounding aggregate progress, opportunities in life still depend largely on a person's country of residence. For the vast majority of countries, opportunities for human progress are further affected by a combination of factors, including social-group dynamics, income levels and the geographic distribution of the population. Promoting and realizing a new global human order therefore require national and international efforts to balance the scales of human well-being, both within and across borders.

29. The eradication of poverty, whether understood as an income-based or multidimensional phenomenon, is a difficult goal to achieve in a situation of high inequality. Similarly, equality, access to decent work, and gender equality and social integration are interconnected, each shaping the other through processes of systemic and unintentional exclusion and discrimination. These facts have been well established within the social and economic development literature.[13]

30. The average income of the world's richest five per cent is estimated to be nearly 200 times that of the poorest 10 per cent. Income inequality within and among countries varies quite a bit; however, in the past two to three decades, high inequality has remained a general trend of global economic patterns (see TD/B/61/7). While global inequality has plateaued in the past decade, within-country inequality has risen in the majority of countries.[12] Yet, between-country inequality still accounts for the greatest proportion of global inequality. Similarly, global wealth remains highly concentrated, with the wealthiest 1 per cent of the population owning 40 per cent of the wealth.[14] A similar trend occurs in many countries, with the wealthiest 10 per cent of the population owning 70 to 90 per cent of national wealth.[15]

31. Income and wealth inequalities interact with education, health, civic participation and other contributors and measures of human well-being to trap individuals and communities in cycles of deprivation and disadvantage. For example, household survey data on stunting in children has shown large disparities between poor and rich households. In some countries, the prevalence of stunting among children in the poorest quintile is as much as nine times higher than that of children in the richest quintile.[12] These children are, in turn, more likely to complete less schooling and make less money as adults. Similarly, in low-income countries, only 14 per cent of children in the poorest quintile complete lower secondary education compared to 61 per cent of those in the richest quintile, leaving those in the poorest quintile more vulnerable to continued deprivation into adulthood.[16]

32. There has already been some improvement, but more has yet to be done. From 1990 to 2012, 50 per cent of developing countries showed declines in income inequality.[12] In many cases, this has been achieved in situations of moderate

[13] For a review of the literature and analysis of relevant policy strategies for reducing inequality, see *Report of the World Social Situation 2013: Inequality Matters* (United Nations publication, Sales No. 13.IV.2) and E/2014/50.

[14] UNDP, *Humanity Divided: Confronting Inequality in Developing Countries* (New York, 2013).

[15] Thomas Piketty, *Capital in the Twenty-First Century* (Cambridge, Massachusetts, Harvard University Press, 2014).

[16] United Nations Educational, Scientific and Cultural Organization, *Education for All Global Monitoring Report 2013-2014* (Paris, 2014).

economic growth and robust public social investment, testifying to the central role of social policy for enabling human progress. Research has shown a one per cent increase in Government spending on social transfers to correlate with a 0.3 per cent drop in inequality in Organization for Economic Cooperation and Development (OECD) countries.[17] Similarly, data from a sample of 36 countries showed social transfers accounting for 85 per cent of observed declines in inequality.[18]

33. With developing countries leading the way in declines in income inequality, through the formulation of effective and sustainable policy strategies, the prospects for realizing a new global human order are promising.

III. Strengthening the promotion of a new global human order

34. With the growing attention to inequality within the international community, the project of promoting a new global human order, in which no one is left behind, has taken on renewed fervour. Spurred by the implementation gaps and disparate outcomes of current commitments to equitable and just development, the post-2015 development agenda is likely to feature the reduction and prevention of high inequality. These goals have been supported by United Nations system agencies and are featured in the report of the Open Working Group of the General Assembly on Sustainable Development Goals (A/68/970). A concrete and systemic focus on global inequality within the international development agenda will have brought development dialogue full circle to the vision of development espoused in Copenhagen in 1995 and reiterated in the Millennium Declaration: a vision that recognizes people and the social policies that enable their equitable progress as central elements of equitable, inclusive and sustainable development for all.

35. In parallel, major global development partners have committed themselves to ensuring more equitable human progress. For example, the World Bank has established the twin goals of ending extreme poverty by 2030 and promoting shared prosperity by fostering income growth for the bottom 40 per cent of the population in every country.

36. While development remains the primary responsibility of each nation, the United Nations system and other stakeholders in the international community have a continued role to play in facilitating and promoting effective guidance norms and strategies.

A. Strengthening the focus on poverty eradication beyond income

37. Poverty eradication must remain the core goal of all sustainable development efforts. However, raising humanity above the poverty line of $1.25 per day alleviates only the most extreme poverty and does little for achieving a standard of living adequate for health and well-being, as called for in the Universal Declaration of

[17] Philipp Doerrenberg and Andreas Peichl, "The impact of redistributive policies on inequality in OECD countries", IZA Discussion Paper, No. 6505 (Bonn, Germany, Institute for the Study of Labour (IZA), April 2012).

[18] Chen Wang and Koen Caminada, "Disentangling income inequality and the redistributive effect of social transfers and taxes in 36 LIS countries", LIS Working Paper Series, No. 567 (Luxembourg, Luxembourg Income Study (LIS), July 2011).

Human Rights. As income-based poverty is easy to measure and compare, it is likely to remain a feature of the post-2015 development agenda. To complement this, the multidimensional nature of poverty should be given due consideration in the development of strategies and policies for its eradication. Effective policies for sustained reductions in poverty need to address the links between any given poverty line and access to the basic amenities necessary for healthy, productive living, such as clean water and systems of sanitation, and decent housing, as well as opportunities for developing human capital, including through education, health care and skill-building. The deliberations on the post-2015 development agenda have provided a critical platform for translating this multidimensional focus into actionable goals.

38. In addition, as sustainable development is the indisputable framework that will shape future development efforts, there will be heightened attention to environmental protection. The relationship between human well-being and environmental protection is complex. People experiencing the greatest deprivation may often have to make unsustainable use of natural resources for food, fuel and other basic needs. Poverty eradication efforts that address such needs would therefore reduce humanity's ecological footprint. Owing to their location and living conditions, dependence on natural resources, susceptibility to illness and other mitigating factors, people living in extreme poverty often feel the effects of environmental degradation disproportionally (see E/2014/50). Therefore, efforts to protect the natural environment and to mitigate the impacts of environmental degradation will contribute to poverty eradication.

B. Promoting universal social protection

39. The establishment of universal social provisioning and basic social protection floors has proven integral to lifting and keeping people out of poverty and deprivation by reducing individual and community-level vulnerability and building human resilience. The adoption of the social protection floor initiative by the United Nations System Chief Executives Board for Coordination, in 2009, has heightened awareness about the importance of strengthening social protection. The varying impact of recent economic and social crises has shown such measures to be wise investments for developed and developing countries alike. The Latin American experience has been exemplary of the effectiveness of social protection and social transfers for enabling human progress. Since 2000, Latin America has seen increased implementation of a more rights-based approach to social spending, including social protection. Initiatives have included a universal child allowance and old-age pension, as well as disability, sickness and maternity benefits. These have paralleled key instruments of social policy for poverty alleviation and redistribution, including conditional cash transfers. Together, these initiatives have served to alleviate poverty, protect the most socially and economically disadvantaged members of society and reduce socioeconomic inequalities.

40. In addition to improving the lives of the beneficiaries, social protection and social transfers can also pay significant returns to wider development efforts while still being affordable. For example, according to the United Nations System Task Team on the Post-2015 United Nations Development Agenda, Brazil's Bolsa Familia programme cost 0.3 per cent of GDP in the period 2008-2009, yet accounted for 20 to 25 per cent of the reduction of inequality. Similarly, the International Labour

Organization estimates that universal old-age pension and child benefits in the United Republic of Tanzania will result in a 35 per cent reduction in poverty.

41. Despite proven benefits, over 50 per cent of the world's population remains without any form of social security.[19] Resource constraints have limited public social spending in many developing countries. In some cases where this is the reality, official development assistance (ODA) funds a large portion of public social spending. On the positive side, this suggests that international donors are shifting focus from stop-gap emergency aid towards building resilience through social protection. However, this type of financing is not sustainable.

C. Improving financing for development

42. Since the adoption of the Monterrey Consensus, the outcome of the International Conference on Financing for Development, in 2002, official development assistance has played an expanded role in the development process. In 2013, such assistance reached an unprecedented high of $134.8 billion, after declines in 2011 and 2012.[20] Yet, most donors that committed to contributing the target of 0.7 per cent of gross national income, established at the Conference, have yet to reach that level.

43. Nonetheless, ODA has been an essential source of financial and technical cooperation among many developing countries. For example, among countries with annual government spending under $500 per person in terms of purchasing power parity, ODA constitutes about one third of Government revenues.[21] Other international financial flows, particularly private capital flows, have also expanded significantly in the past 10 years.

44. International dialogue on financing for development has shifted considerably beyond a focus on North-South ODA. Greater attention is being paid to domestic resource mobilization and to a more integrated approach to trade and aid. Within the United Nations system, preparations are currently under way for the third International Conference on Financing for Development. The Conference will review the commitments of existing international agreements on development financing, such as the Monterrey Consensus and the Doha Declaration on Financing for Development, with a view to reinvigorating and strengthening the financing for development follow-up process, with consideration for the shifting context and the post-2015 development agenda. Improving the effectiveness of both public and private finance, increased attention to South-South cooperation, migrant remittances and multi-stakeholder, cross-sectoral partnerships are some key issues emerging from the ongoing dialogue on development financing. Also, the report of the Intergovernmental Committee of Experts on Sustainable Development Financing was mindful of the work of the Open Working Group on Sustainable Development Goals and guided by the resolve of Member States that the post-2015 development agenda reinforce the commitment of the international community to sustainable development on the basis of a coherent approach that integrates its economic, social, and environmental dimensions.

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[19] International Labour Organization, *World Social Security Report 2010/11* (Geneva, 2010).

[20] Organization for Economic Cooperation and Development, "Aid to developing countries rebounds in 2013 to reach an all-time high", 8 April 2014.

[21] Development Initiatives, *Investments to End Poverty* (Bristol, United Kingdom of Great Britain and Northern Ireland, Development Initiatives, 201^).

D. Promoting national and international cooperation and collaboration

45. To leave no one behind requires cooperating to increase the pace of human progress where it is most severely challenged. This is true in both the national and international contexts. Social integration and cohesion should thus figure heavily in national and international development strategies.

46. At the national level, aside from stronger, data driven and universally applied social policies, a strong civil society sector can play a key role in advancing social integration. Civil society organizations can empower individuals and communities to mobilize around shared goals and needs, and provide space for mediating these issues, first among themselves and then for decision makers, when needed. In addition, as collective bodies independent of the State, civil society organizations can hold decision makers accountable to any commitments made. According to the *Human Development Report 2014*, experience in Bangladesh and Brazil has shown that through the input, support and mobilization of civil society organizations, the reach and impact of targeted policies are enhanced. These examples have also shown the effectiveness of collective citizen action for innovation and local resource mobilization, at times filling critical gaps in policy implementation and service delivery. With this in mind, it is worth examining the wider impact of civil society on development performance, with attention to the effective up-scaling of civil society micro-level initiatives for macro-level impact.

47. At the international level, greater attention should be given to collaboration and cooperation with those countries and regions most challenged by human deprivation and ensuring that the international system creates an enabling environment for those countries to prioritize the needs of their constituents. Just as at the national level, asymmetries in decision-making at the international level and in international economic relations can contribute to the exclusion of whole countries and regions from the benefits of development. These asymmetries should be addressed. Although Governments hold primary responsibility for addressing inequality and deprivation within countries, global rules, or the lack thereof, may reinforce inequalities or limit government action at the national level to reduce them.

48. Some emerging markets have increased their voices at the level of international policy, but the voices of least developed countries and many other developing countries have remained excluded. To ensure that international policy is responsive to the needs of all Governments and their constituents, a system of accountability and transparency must be put in place.

49. In promoting the new global human order, the special needs of Africa stand out as integral to successful global transformation. At the World Summit for Social Development in 1995, Member States gave particular attention to the development of the African continent and the need for stronger international cooperation in this regard. The African continent remains a major stakeholder in the global development effort, and dialogue within and about the continent is calling more for collaboration with the African people on achieving equitable and sustained social and economic progress.

E. Supporting comprehensive data gathering and access

50. Access to more detailed and comprehensive data is essential to promoting a new global human order and ensuring improvements in human well-being that are socially and economically just, particularly if more nuanced and integrated policy strategies are to be undertaken. In order to properly monitor the Millennium Development Goals process, many developing countries have deepened their capacity for data collection. For example, in the period 1990-1994, barely half of the countries in developing regions had at least one data point available to accurately measure skilled attendance at birth, whereas 90 per cent of those countries had this type of data available in the period 2005-2009. National efforts to improve data availability have been supported by the international community with efforts to produce effective guidance on priorities, methodologies and strategies for collection.

51. For improvements in data availability to have an impact on development, data needs to be used effectively in informing policy. The information available from population censuses and household surveys has remained widely underutilized (see *Human Development Report 2014*). These sources often contain valuable information disaggregated by wealth quintile, sex, population group and other categories found relevant in shaping the development experiences of individuals and communities. Effective utilization of this data could help to identify and address existing inequalities and systemic deprivation that remain hidden in the aggregated data.

IV. Conclusions and recommendations

52. **It has been nearly 20 years since the Copenhagen Declaration and Programme of Action sought to centre development action on social progress, and almost 15 years since the South Summit sought to shape that call to action into a new global human order. Much progress has been made, but transformations in human well-being have been too slow for too many.**

53. **While domestic efforts are key to realizing improvements in human well-being, they cannot be successful without global commitment and support. To move development forward in a truly just, inclusive and sustainable manner, the international community must elevate the importance of the social dimension of development and be uncompromising in its implementation. With this in mind, countries and the international community may wish:**

(a) **To continue to prioritize the eradication of poverty in all its forms, and increase the attention given to the relationship between human deprivation and environmental degradation;**

(b) **To continue to improve the employability of all members of society and ensure their access to full and productive employment and decent work, including through developing and strengthening partnerships with civil society, the relevant entities of the United Nations system and international and regional organizations, and other relevant actors;**

(c) **To continue to create an enabling environment for the development of a vibrant, representative and accountable civil society sector as a means of strengthening the efficiency, equity and effectiveness of investments in human well-being and social integration;**

(d) To remain committed to gender equality and the empowerment of women, as well as to the mainstreaming of a gender perspective into all development efforts;

(e) To remain committed to the vision of people-centred development evoked at the 1995 World Summit for Social Development, with particular attention to the realization of social integration and cohesion as outlined in the Copenhagen Declaration and Programme of Action;

(f) To recognize the primacy of sustainable social policy and policy coordination for reducing inequality and ensuring the realization of human rights and equitable human progress within and among countries, with particular attention to access to quality education, skills development and health care, and the establishment of universal systems of social protection;

(g) To strengthen national capacities for robust data collection and effective data utilization in support of policy formulation, implementation and monitoring;

(h) To strengthen international collaboration in support of Africa's sustainable development, and continue to partner with low-income and fragile States in strengthening their capacity to share in the benefits of globalization;

(i) To continue to explore innovative and sustainable means of resource mobilization for development, with particular attention to ensuring that international rules, regulations and guidance allow the necessary space for prioritizing human well-being at the country level.

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Security Council
Sixty-ninth year

Identical letters dated 26 September 2014 from the Permanent Representative of the Syrian Arab Republic to the United Nations addressed to the Secretary-General and the President of the Security Council

On instructions from my Government, I wish to convey to you the position of the Government of the Syrian Arab Republic regarding the seventh report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014) and 2165 (2014) (S/2014/696):

1. The approach adopted in the seventh report of the Secretary-General on the implementation of Security Council resolutions 2139 (2014) and 2165 (2014) continues to ignore the realities of and the developments in the situation in Syria. The report continues to describe armed terrorist groups as "armed groups" or the "armed opposition", although the international community has affirmed that these groups are terrorist entities. Indeed, the Security Council recently adopted resolutions 2170 (2014) and 2178 (2014) to counter the threat posed by these entities. The report's authors also continue to distort the facts and politicize humanitarian issues, and refuse to acknowledge the vast progress the Syrian Government and United Nations humanitarian agencies have made in meeting the humanitarian needs of Syrian civilians. The report also strayed significantly from the mandate established for the Secretary-General. It addresses issues that are far removed from the humanitarian situation, such as the situation that was facing the United Nations Disengagement Observer Force (UNDOF) and the question of the use of chlorine. The Government of the Syrian Arab Republic finds it deplorable that the report fails to mention the humanitarian catastrophe that occurred on Tuesday, 16 September 2014 in the countryside of Idlib governorate, when fictitious health institutions affiliated with armed terrorist groups conspired, with the cooperation of the Turkish authorities, to kill 15 innocent Syrian children by

administering expired vaccines to them. Dozens of other innocent children suffered from asphyxiation as a result of this crime.

2. Since 2011, the Government of the Syrian Arab Republic, in keeping with its constitutional and humanitarian responsibilities, has marshalled all its resources to meet the essential needs of those citizens who have been affected by the crimes committed by armed terrorist groups. It has done so despite the tremendous price the Syrian State has paid as a result of the acts of terrorism that have been systematically directed against its institutions and infrastructure. In that regard, it reaffirms its readiness to continue to cooperate with the United Nations to facilitate the delivery of humanitarian assistance to all affected Syrian citizens, without discrimination. It also abides by the letter and spirit of Security Council resolutions 2139 (2014) and 2165 (2014), in accordance with the sequence of steps specified in Security Council resolution 2165 (2014) and the understanding reached in the Security Council in that regard, and on the basis of respect for the principles of the Charter of the United Nations, the principles of international law, the guiding principles for humanitarian emergency assistance annexed to General Assembly resolution 46/182 and, above all, the principle of respect for the sovereignty and territorial integrity of Syria that was reaffirmed in Security Council resolutions 2139 (2014) and 2165 (2014).

3. The Government of the Syrian Arab Republic reiterates that, in order to resolve the humanitarian crisis that has developed in many parts of Syria, it is essential to address the roots of the problem and the factors that are exacerbating it. In particular, this means countering and eradicating terrorism that is being backed by Arab States, as well as States of the region and beyond. Indeed, in its resolutions 2139 (2014) and 2165 (2014), the Council acknowledged this link and stressed the importance of countering and eradicating terrorism. In that connection, it is regrettable that, in its reports, the Secretariat continues to ignore the fact that armed terrorist groups are primarily responsible for the ever-worsening humanitarian crisis in Syria. It insists on addressing the humanitarian situation in Syria in a manner that is selective, biased, politicized and contrary to the facts on the ground, and that disregards the guiding principles of United Nations humanitarian assistance. The report's authors also insist on using the designation "the armed opposition" for terrorist groups that have been classified by the Security Council as being terrorist entities associated with Al-Qaida. These groups include the Nusrah Front and its allies, as well as the Islamic State in Iraq and the Levant (ISIL) and its allies. The authors furthermore insist that they are incapable of verifying whether "foreign fighters" are present in Syria. Such a position contradicts the report itself, which confirms that thousands of foreign fighters are present, and the relevant Security Council resolutions, the most recent of which are resolutions 2170 (2014) and 2178 (2014).

4. The authors' insistence that "ISIL is a consequence, not a cause, of the conflict in the Syrian Arab Republic" is contrary to the facts on the ground and the relevant Security Council resolutions, particularly resolutions 2170 (2014) and 2178 (2014). This position also ignores the fact that the terrorist group ISIL came into being as a result of the American and Western invasion of Iraq and that it spread from there to Syria and other countries. We are therefore surprised by the manner in which the report addresses the question of ISIL, because Syria has stressed, since the events in the country began, that ISIL was a terrorist organization. It had also stressed that ISIL and the Nusrah Front, along with their ally Al-Qaida, were present in the country from the outset, and that they were the cause, not a consequence, of

the Syrian crisis. The decision of the Secretariat and the Office for the Coordination of Humanitarian Affairs to deliberately ignore the terrorism that is being directed against Syria with the support of Arab States, as well as States of the region and beyond, and their continued lack of attention to the crimes committed by armed terrorist groups undermines the credibility of these reports and those responsible for them. It also impedes, both directly and indirectly, the vital role that the United Nations is expected to play, in complete impartiality and without regard for political considerations, in countering and eradicating terrorism and holding accountable those who support, fund and arm terrorists.

5. The Syrian Government believes that the Organization's policies must be in line with its Charter, international law, the conditions governing humanitarian work, General Assembly resolution 46/182 and Security Council resolutions 2170 (2014) and 2178 (2014), both of which affirmed the priority of combating terrorism and terrorist organizations, including ISIL, the Nusrah Front and associated groups. The Government notes that in order for certain States to demonstrate they sincerely wish to counter terrorism, they must desist from providing funding, arms and training to terrorist organizations and from smuggling terrorists into the territory of the Syrian Arab Republic. Humanitarian work must be conducted under the auspices of the United Nations and should not exclude any party. Such work must not be conducted under the aegis of States that have funded and armed terrorists and smuggled them into Syria, including terrorists affiliated with ISIL, the Nusrah Front and other terrorist groups. These terrorists come from 83 different States, a fact that was acknowledged by the Heads of those States of which the terrorists are nationals in the statements they made at a meeting of the Security Council held at the summit level on 24 September 2014. Syria has declared its readiness to cooperate at the international and regional level in countering terrorism through an international or regional alliance that would be established under the auspices of the United Nations. It is also prepared to engage in bilateral cooperation to that end and supports any international effort aimed at countering terrorism in all its forms and manifestations, provided that, in doing so, every effort is made to safeguard civilian lives, respect national sovereignty and adhere to international instruments.

6. The Syrian Government has repeatedly stated that medical relief supplies brought into Syria should conform to the standards of the Ministry of Health of the Syrian Arab Republic and the World Health Organization. In order to safeguard the lives of civilians, Syria has also stressed that the Syrian Arab Red Crescent must be the primary partner in the distribution of humanitarian assistance, including medical assistance, directly to beneficiaries throughout the country, including difficult-to-reach areas and hotspots. Lack of cooperation and coordination in the delivery of humanitarian assistance, including medical assistance, and the exclusion of the Syrian Arab Red Crescent from the distribution process gave rise to a crime, indeed, a humanitarian catastrophe on Tuesday, 16 September 2014. This catastrophe came about through the connivance of fictitious health institutions affiliated with armed terrorist groups and the Turkish Government, and resulted in the death of 15 innocent Syrian children. They died after they were given expired, poisoned measles vaccine that was obtained from unknown sources. The incidents occurred in an area to the east of Ma'arrat Nu'man in the countryside of Idlib governorate, which is located in the northern part of the Syrian Arab Republic. In addition, dozens of innocent children suffered from asphyxiation as a result of this crime against humanity. The Government of the Syrian Arab Republic finds it deplorable

that the report fails to mention this humanitarian catastrophe, although it occurred in the reporting period.

7. The Government reiterates that the success of humanitarian work depends on cooperation and transparency on the part of the United Nations. The Organization should also desist from criticizing the Government's actions without cause and reject conduct on the part of certain United Nations officials that encroaches on Syria's sovereignty and undermines the Syrian State. The Government furthermore warns that the acute funding shortfall in the humanitarian response plan is one of the greatest challenges and obstacles to the delivery of humanitarian assistance to affected persons in Syria. As of September, only 31 per cent of the funding required for the humanitarian response plan had been secured. The Office of the United Nations High Commissioner for Refugees has provided us with a document that indicates that it has received only $63 million, or 23 per cent, of its $270 million assistance budget to date.

8. The Syrian Government deeply regrets that the United Nations, represented by the World Food Programme (WFP), intends to reduce the size of the food parcel it provides by 40 per cent, that is to say, by nearly half, although it will continue to deliver assistance at the current high rate. This means that the contents of the new food basket will not be sufficient to meet the needs of a beneficiary family for more than 15 days. In addition, basic items were removed from the parcel to save costs, but at the expense of being able to meet the essential needs of beneficiary families. While the Government appreciates the efforts made by WFP to deal with this reduction, which was brought about by an acute funding shortfall caused by efforts to politicize and undermine humanitarian work, it calls on the United Nations to be forthright and draw attention to this challenge and to stop blaming the Government without cause. The Government is also gravely concerned at information it has received that certain donor States, in line with their political agendas, intend to break up humanitarian work and direct funding to cross-border assistance. Should such an action be taken, it would constitute an inhumane act of discrimination that is contrary to the guiding principles that govern humanitarian work. It would also establish a precedent with disastrous consequences for the humanitarian work the United Nations performs around the world, and adversely affect those civilians suffering as a result of the crisis in Syria.

9. The Government of the Syrian Arab Republic is dismayed that, for political motives, senior United Nations officials have cited arbitrary estimates and inaccurate and undocumented figures on humanitarian needs in Syria in their statements and reports. Such conduct adversely affects the credibility and precision of information related to humanitarian work. This is the case with many of the reports on the Syrian crisis issued by the United Nations, including the report being discussed. This report cites information taken from unsubstantiated testimony and reports issued by anti-Syrian parties, including in particular the reports of the international commission of inquiry for Syria and Human Rights Watch, which are characterized by politicization and lack of objectivity. The Government has previously informed the Resident Coordinator for United Nations activities in Syria that it deplores such irresponsible conduct.

10. During August 2014, the distribution of food aid was extended to a total of 4,160,000 beneficiaries throughout Syria. That outcome was made possible not by the small number of trucks that have crossed the border, but rather by the close

cooperation and coordination between the Government of the Syrian Arab Republic and WFP, not to mention the Government's significant action to facilitate the delivery of aid from within Syrian territory. By cooperating with the Syrian Government, the United Nations has been better able to access numerous areas that have been variously described as besieged or hard to reach. This shows yet again that the centre of gravity for aid distribution remains Damascus.

11. The Government of the Syrian Arab Republic is surprised that the United Nations side has delivered humanitarian assistance across borders to areas that had previously been reached from within Syrian territory, and has done so at very close intervals. The United Nations must coordinate aid delivery with the Syrian Government, including aid delivered across borders in areas where it has had limited reach. Doing so is important in order to ensure that aid is not delivered twice to the same beneficiaries, and to avoid wasting time, efforts and funds. The Government of the Syrian Arab Republic therefore stresses that the Resident Coordinator must supervise all relief operations, including those involving the importation of assistance across the borders, in coordination with the Syrian Government. Such a course of action would ensure the implementation of the letter and spirit of Security Council resolution 2165 (2014), the application of the fundamental principles governing the work of the United Nations in crises and respect for the sovereignty of Syria, as reaffirmed by the resolutions of the Security Council. It would also ensure that aid distribution is not subject to Western agendas that benefit those States, rather than the Syrian people.

12. The Syrian Government has continued, whenever possible, to facilitate the efforts of the United Nations to access many hard-to-reach areas in Rif Dimashq, the eastern and western parts of the Aleppo countryside, Idlib and the countrysides of Dar'a, Homs and Hama. In addition, the Syrian Arab Red Crescent delivered humanitarian assistance to those areas in the period from 23 August to 22 September 2014.

- In cooperation with the Syrian Government and the Syrian Arab Red Crescent, the International Committee of the Red Cross (ICRC) delivered humanitarian assistance from within Syrian territory to over one million beneficiaries in July and August 2014, as detailed in the report compiled by ICRC. It was also able to deliver medical assistance to hotspots in Aleppo and its countryside and in Rif Dimashq.

- An emergency response was organized in order to address the displacement of families from Qunaytirah governorate to the Qatna district of Rif Dimashq owing to terrorist attacks. Some 4,925 families were displaced during the period from 7 to 17 September 2014. The Syrian Arab Red Crescent sent medical teams and mobile clinics, treating 718 ill persons and providing 1,000 food parcels in addition to non-food supplies and health-care supplies on 7 September 2014.

- On 22 September 2014, humanitarian assistance convoys were deployed to Hulah (Kafr Laha) and Ghawr in the countryside of Homs governorate. Some 700 food parcels were distributed in Hulah district and 2,500 in Ghawr district, in addition to children's food.

- On 12 September 2014, humanitarian assistance was delivered to Dar'a governorate; 1,300 food parcels and the same number of health-care parcels

were distributed in Tafas, and 800 food parcels and the same number of health-care parcels in Shajarah.

- From 2 to 8 September 2014, some 2,000 food parcels were distributed in Idlib governorate and 825 in Hama governorate.
- An agreement has been reached to incorporate hotspots into monthly humanitarian assistance distribution plans for Idlib and Hama governorates. Action has been taken to facilitate the access of aid convoys to the two governorates. The affected districts include Qah, Badama, Saraqib, Jisr al-Shughur, Armanaz, Sarmin, Ariha and Darkush in the Idlib countryside, and Aqrab, Tallaf, Dayr al-Faradis, Qal'at al-Madiq, Ba'rin, Humayri, Khirbat Jami', Rawdah, Tama'inah, the area to the east of Hama, and Muhradah in the Hama countryside.
- On 10 September 2014, medical assistance was delivered to medical centres in the towns of Tafas, Jasim, Nawa, Harak, Basr al-Harir, Nahitah, Mulayhah, Nimr and Harah in Dar'a governorate.
- On 5 September 2014, some 1,000 food parcels were delivered to families in Yabrud, Rif Dimashq governorate.
- On 9 September 2014, medical supplies, including medicine for chronic diseases, child vaccinations and milk for children, were delivered to the town of Duma, in Rif Dimashq governorate.
- On 27 August 2014, the towns of Yabrud and Busra al-Sham received 2,000 and 1,000 food parcels respectively.
- The Syrian Government has agreed to the Resident Coordinator's request for an assistance convoy to Hirista, in Rif Dimashq. The details are to be agreed upon soon by the relevant joint committee.
- On 23 September 2014, the Syrian Government announced that it had approved the request submitted by the United Nations on 21 September for relief supplies to be brought in through the Nusaybin crossing from 29 September.
- The Syrian Government regrets that, for the third time, the United Nations failed to deliver assistance to Adra al-Ummaliyah and Adra al-Balad, whereas the national authorities responsible for relief have recently been able to reach the latter.
- Until 19 September 2014, despite ongoing attacks, assistance continued to be delivered to Yarmouk camp, which is besieged from within by armed terrorist groups. Some 8,028 food parcels and 874 health-care parcels were distributed, bringing the totals since the beginning of the year to 50,166 food parcels and 6,949 health-care parcels. Some 21 ill persons were transported out of the camp and taken to hospitals in Damascus, bringing the total number of ill persons evacuated from the camp since the beginning of the year to 4,485. The medical facility of the United Nations Relief and Works Agency for Palestine Refugees in the Near East continued to treat patients at the distribution site and provide them with medication. A Palestinian civil society organization has continued to vaccinate children at the distribution point. What the report fails to mention is that the terrorist groups have prevented humanitarian teams from accessing distribution points and have opened fire on civilians and relief teams.

- The Government has agreed to instruct officials at the border crossings of Nasib, Jadidah, Yabus and Nusaybin and the ports of Ladhiqiyah and Tartus to facilitate procedures to deliver humanitarian assistance in the context of the procedures currently in force. The decision was taken in response to a request from the United Nations. The Syrian Government will continue to cooperate with the United Nations to address any problems in the procedures regulating the movement of relief convoys as long as international agencies continue to abide by the fundamental principles governing humanitarian work, the most important of which is respect for national sovereignty, in order to facilitate the movement of relief supplies and ensure that they reach their destination and beneficiaries as soon as possible.

- The Syrian Government has given approval to the Swiss non-governmental relief organization Medair and continues to examine other applications.

- The United Nations delivered humanitarian assistance to Mu'addamiyah in July 2014. What the Organization witnessed inside the city confirms that it is not under siege, and that the 4,000 civilians who remained in the Darayya area have been able to reach Mu'addamiyah, contrary to the claims made in the Secretariat's reports concerning the two areas, including the report under consideration. The latter does not refer to facts on the ground, something that raises questions regarding its credibility.

13. With regard to the matter of visas, the Government of the Syrian Arab Republic would like to note that, in the reporting period, it granted the requested entry visas for international officials. The Government hopes that this matter will be settled through cooperation between Syria and the relevant United Nations organizations.

14. The Government of the Syrian Arab Republic is surprised that the report yet again fails to apportion blame clearly and explicitly to the armed terrorist groups. Throughout the crisis, the groups have made it their practice to deliberately and systematically sabotage and destroy the infrastructure, services and public and private property, including hospitals, schools, homes and Islamic and Christian places of worship. Their objective is to harm Syrian civilians and their State, to hurt the economy and to bankrupt the Syrian State.

15. The Syrian Government notes that it has informed the United Nations side of the situation of a number of local staff members who had been imprisoned on charges of terrorism. Those individuals have been handed over to the competent judicial authorities. The Government is therefore surprised that the United Nations refers to them as detainees.

16. The Syrian Government reiterates its keen concern for the security and safety of aid workers affiliated with the United Nations and its agencies. The Syrian Government stresses that it must be informed sufficiently in advance of the importation of humanitarian assistance into its territory so that it may take the necessary measures to ensure the delivery of such assistance and also to ensure the security and safety of humanitarian agency personnel. The monitoring mechanism established pursuant to resolution 2165 (2014) must ensure that cross-border humanitarian assistance is distributed to the affected Syrian civilians who need it, and that it does not fall into the hands of the terrorists. It is not enough to state that

the goods were searched when they were loaded hundreds of kilometres from the distribution zones.

17. The Government of the Syrian Arab Republic is surprised that the report once again ignores the negative effects that unilateral coercive measures have had on the lives of the Syrian people. In order to tackle the humanitarian crisis in Syria, terrorism must be fought and the unilateral economic and financial sanctions that have affected the lives of Syrian citizens must be lifted. Some of the States that claim concern for the fundamental principles of human rights are the very same ones that imposed the illegal sanctions. The Syrian Government notes that the most recent report of the Department of Economic and Social Affairs on the world economic situation states that unilateral economic sanctions imposed by the United States of America and its allies have harmed the living conditions of Syrian civilians and their ability to meet their own basic needs.

18. The Government of the Syrian Arab Republic rejects the claims made in the Secretary-General's report that the Syrian armed forces are indiscriminately targeting civilians. The Syrian Arab Army has fulfilled its constitutional role and moral duty by protecting its citizens from armed terrorist groups and preventing them from committing crimes against Syrians in their homes, schools, universities, hospitals, mosques, churches and places of work. Those crimes have also affected foreign journalists, UNDOF peacekeepers and humanitarian assistance convoys. At the same time, the Syrian Government is earnestly striving to reach a political solution and bring about national reconciliation. This is Syria's national strategy.

19. The Government of the Syrian Arab Republic is surprised at the position of the report regarding what it refers to as ceasefire agreements. National reconciliation agreements have restored peace, security and stability to numerous parts of Syria, sparing the lives of thousands of innocent Syrian civilians. The report's sceptical position is therefore deplorable. By insisting that the agreements should not be supported, the report gives the impression that the United Nations wants the crisis to continue and spread uncontrollably across the country, something that would endanger international peace and security.

20. At the Geneva conference, the Syrian Government emphasized the importance of prioritizing counter-terrorism and achieving national reconciliation in order to arrive at a political solution under Syrian leadership. In order to do so, it is essential to recognize the aspirations of the Syrian people as expressed with particular clarity in the multi-candidate presidential elections held within and beyond Syria in June and July 2014. The elections were monitored by parliamentarians from around the world and by media outlets from over 40 countries.

21. The Government of the Syrian Arab Republic repeats that it supports any international effort to combat terrorism in all its forms, manifestations and names. In accordance with international conventions, such efforts must protect the lives of civilians and respect national sovereignty and unity. The Security Council must help Syria restore security by calling on the international community to stop interfering in internal Syrian affairs and focus on countering and suppressing terrorism, incitement thereto and the financing thereof. Security Council resolutions 2133 (2014), 2170 (2014) and 2128 (2014) confirm the soundness of Syria's call for serious efforts to root out terrorism and halt the funding, arming, training, sheltering and smuggling of terrorists.

I should be grateful if the present letter could be circulated as a document of the sixty-ninth session of the General Assembly, under agenda item 69 (a), and of the Security Council.

(*Signed*) Bashar **Ja'afari**
Permanent Representative of the Syrian Arab Republic
to the United Nations